FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR 21 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 662154 (4)

1. Corporation Name
MCLEOD ARCHITECTURAL GROUP, P.A.

Principal Place of Business	Mailing Address
16400 NW 2ND AVE., STE 102 MIAMI FL 33169	16400 NW 2ND AVE., STE 102 MIAMI FL 33169 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/24/1980
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business
21 20441 NW 2nd AVE
22 Suite, Apt. #, etc. SUITE 308
23 City & State MIAMI, FL
24 Zip 33169-2542
25 Country US

2a. Mailing Address
26 20441 NW 2ND AVE
27 Suite, Apt. #, etc. SUITE 308
28 City & State MIAMI, FL
29 Zip 33169-2542
30 Country US

4. FEI Number: 59-2035220 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

MCLEOD, DONALD
16400 NW 2ND AVE., STE 102
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 20401 NW 2ND AVENUE SUITE 308
83
84 City MIAMI FL 85 Zip Code 33169-2542

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	XX Change	☐ Addition
NAME	MCLEOD, DONALD	1.2 NAME		
STREET ADDRESS	16400 NW 2ND AVE., #102	1.3 STREET ADDRESS	20401 NW 2ND AVENUE #309	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33169-2542	
TITLE	V	2.1 TITLE	XX Change	☐ Addition
NAME	GONZALEZ, ALBERTO	2.2 NAME		
STREET ADDRESS	16400 NW 2ND AVE., #102	2.3 STREET ADDRESS	20401 NW 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33169-2542	
TITLE		3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald McLeod 3/16/95 305-770-1923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184860 CP