

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 683357 (8)**

1. Corporation Name  
**ARCHITECTS INTERNATIONAL, INC.**



Principal Place of Business  
**227 NE 26TH TERRACE  
MIAMI FL 33137**

Mailing Address  
**227 NE 26TH TERRACE  
MIAMI FL 33137-4519**

3. Date Incorporated or Qualified **09/03/1980**      3a. Date of Last Report **01/30/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2032355</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent <b>CRESPI, JUAN A. 19120 N. BAY RD. N. MIAMI BEACH FL 33160</b>				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRESPI, JUAN A.</b>	1.2 NAME	
STREET ADDRESS	<b>19120 N. BAY RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33160</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIMA, CARLOS, R</b>	2.2 NAME	
STREET ADDRESS	<b>5470 W 22 LN #104</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, ALINA</b>	3.2 NAME	
STREET ADDRESS	<b>106 ROMANO AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRESPI, MARGARITA</b>	4.2 NAME	
STREET ADDRESS	<b>19120 N. BAY RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE: *Juan A. Crespi*      Date: **1-29-97**      Daytime Phone #: **(305) 578-2052**

CR2E034 (9/96)