

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

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FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90027 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 683357

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/03/1980	
4. FEI Number 59-2032355		5. Certificate of Status Desired ☐		Applied For Not Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing ☐		7. Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					

9. Name and Address of Current Registered Agent CRESPI, JUAN A. 19120 N. BAY RD. N. MIAMI BEACH FL 33160		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	SDVD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, ALINA	1.2 NAME	
STREET ADDRESS	106 ROMANO AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	SDVD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, ALINA (NAME REPEATED)	2.2 NAME	
STREET ADDRESS	106 ROMANO AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CRESPI, MARGARITA	3.2 NAME	
STREET ADDRESS	19120 N. BAY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan A Crespi **JUAN A CRESPI-22-99** **(305)573 2052**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES. Date Daytime Phone #

CR2E034 (11/98)