FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **755002** **(3)**

1. Corporation Name

MIAMI CHAPTER OF THE AMERICAN INSTITUTE OF ARCHI TECTS, INC.

Principal Place of Business	Mailing Address
800 DOUGLAS ENTRANCE SUITE 119 CORAL GABLES FL 33134	800 DOUGLAS ENTRANCE SUITE 119 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 11/05/1980
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-6151172 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUNLAP, NANCY E.
800 DOUGLAS ENTRANCE
SUITE 119
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Armando Rizo
82 Street Address (P.O. Box Number is Not Acceptable): 800 Douglas Entrance, Ste 119
83
84 City: Coral Gables **FL** 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Armando Rizo — SEC./TRES. — 1.23.96
Signature, typed or printed name of registered agent and title, if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President D	☐ Change ☒ Addition
NAME	CRESPI, JUAN		1.2 NAME	Neil Hall	
STREET ADDRESS	227 NE 26 TERR		1.3 STREET ADDRESS	4100 NE 2 Avenue	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami FL 33137	
TITLE	PD	☒ DELETE	2.1 TITLE	President-Elect D	☐ Change ☒ Addition
NAME	~~HALL, DANIEL C.N~~		2.2 NAME	~~Mike Rodriguez~~	
STREET ADDRESS	4100 NE 2ND AVE		2.3 STREET ADDRESS	5056 NW 74 Avenue	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami FL 33166	
TITLE	D	☒ DELETE	3.1 TITLE	Secretary/Treasurer D	☐ Change ☒ Addition
NAME	WOLFBERG, DAVID		3.2 NAME	Armando Rizo	
STREET ADDRESS	5960 SW 57 AVE		3.3 STREET ADDRESS	232 Minorca Avenue	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Coral Gables FL 33134	
TITLE		☐ DELETE	4.1 TITLE	Vice President D	☐ Change ☒ Addition
NAME			4.2 NAME	Candido Quintana	
STREET ADDRESS			4.3 STREET ADDRESS	12601 NE 7 Avenue	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	North Miami FL 33161	
TITLE		☐ DELETE	5.1 TITLE	Vice President D	☐ Change ☒ Addition
NAME			5.2 NAME	Danny Perez-Zarraga	
STREET ADDRESS			5.3 STREET ADDRESS	2121 Douglas Road	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Coral Gables FL 33145	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	200001865562	
STREET ADDRESS			6.3 STREET ADDRESS	-06/18/96--01118--012	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

5/1 JV

CR2E037 (12/95)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Armando Rizo — 6/1/96 — (305) 441-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #