FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

2. Principal Place of Business	2a. Mailing Address
21 800 Douglas Entrance (Suite, Apt. #, etc.)	26 800 Douglas Entrance (Suite, Apt. #, etc.)
22 Suite 119 (City & State)	27 Suite 119 (City & State)
23 Cora Gables FL	28 Coral Gables FL
24 Zip 33134 / 25 Country	29 Zip 33134 / 30 Country

3. Date Incorporated or Qualified: 11/05/1980
3a. Date of Last Report: 05/01/1996
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	10. Name and Address of New Registered Agent
PRADO, BARBARA L 800 DOUGLAS ENTRANCE SUITE 119 CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ 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	T	☐ DELETE	1.1 TITLE	T	☑ Change ☐ Addition
NAME	RIZO, ARMANDO		1.2 NAME	President Elect Rizo, Armando	
STREET ADDRESS	232 MINORCA AVE		1.3 STREET ADDRESS	232 Minorca Avenue	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Coral Gables, Fl	
TITLE	P	☐ DELETE	2.1 TITLE	T	☑ Change ☐ Addition
NAME	RODRIGUEZ, MIKE		2.2 NAME	President Rodriguez, Mike	
STREET ADDRESS	5056 NW 74 AVE		2.3 STREET ADDRESS	5056 NW 74 Avenue	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL	
TITLE	V/D	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	QUINTANA, CANDIDO		3.2 NAME	V/D Quintana, Candido	
STREET ADDRESS	12601 NE 7 AVE.		3.3 STREET ADDRESS	12601 NE 7 Avenue	
CITY-ST-ZIP	NORTH MIAMI FL 33161		3.4 CITY-ST-ZIP	North Miami, FL 33161	
TITLE	V/D	☐ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	ZARRAGA-PEREZ, DANNY		4.2 NAME	Sec Treasurer Zarraga-Perez, Danny	
STREET ADDRESS	2121 DOUGLAS RD.		4.3 STREET ADDRESS	2121 Douglas Road	
CITY-ST-ZIP	CORAL GABLES FL 33145		4.4 CITY-ST-ZIP	Coral Galbes, FL	
TITLE		☐ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	Felicia Salazar		5.2 NAME	Felicia Salazar	
STREET ADDRESS	800 Douglas Entrance # 119		5.3 STREET ADDRESS	800 Douglas Entrance #119	
CITY-ST-ZIP	Coral Gables, FL 33134		5.4 CITY-ST-ZIP	Coral Galbes, FL 33134	
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		

CR2E037 (9/96)

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