SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Sep 02 1998 8:00am
Secretary of State

0014331

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

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

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRADO, BARBARA L
800 DOUGLAS ENTRANCE
SUITE 119
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: MIJEL BRAZIAVSKY
82 Street Address (P.O. Box Number is Not Acceptable): 800 DOUGLAS ENTRANCE.
83: SUITE 119.
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: MIJEL BRAZIAVSKY — 7/17/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TPE RIZO, ARMANDO 232 MINORCA AVE CORAL GABLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT. D RIZO ARMANDO 232 MINORCA AVE. CORAL GABLES FLA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT RODRIGUEZ, MIKE 5056 NW 74 AVE MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P.E. VP. VICE PRESIDENT. WULFBORG DAVID. D PRESIDENT ELECT 5960 S.W 83 PLACE. MIAMI, FLA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD QUINTANA, CANDIDO 12601 NE 7 AVE. NORTH MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VICE PRESIDENT. QUINTANA. CANDIDO. 1960 NE 7TH AVE. NORTH MIAMI FLA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ZARRAGA-PEREZ, DANNY 2121 DOUGLAS RD. CORAL GABLES FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SECRETARY TREASURER. D VALCARCEL JORGE. 801 BRICKELL AVE 23RD FLOOR. MIAMI, FLA 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALAZAR, FELICIA 800 DOUGLAS ENTRANCE, #119 CORAL GABLES FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VICE PRESIDENT. SALAZAR FELICIA. 800 DOUGLAS ENTRANCE #119. CORAL GABLES FLA 33134.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/98)

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

SIGNATURE: [signature] ARMANDO RIZO, DIO 7/17/98 305 448-7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PRESIDENT — Date — Daytime Phone #