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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755002**

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/05/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6151172 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BRAZLAVSKY, MIJEL
800 DOUGLAS ENTRANCE
SUITE 119
CORAL GABLES FL 33134

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

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	PD	☐ DELETE	1.1 TITLE	DAVID WOLFBERG. PRESIDENT. D.	☒ Change ☐ Addition
NAME	RIZO, ARMANDO		1.2 NAME		
STREET ADDRESS	232 MINORCA AVE		1.3 STREET ADDRESS	5960 S.W 57 PL	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	MIAMI FLA, 33143	
TITLE	VPD	☐ DELETE	2.1 TITLE	DANIEL WILLIAMS. VICE- PRESIDENT. D.	☒ Change ☐ Addition
NAME	WOLFBERG, DAVID		2.2 NAME		
STREET ADDRESS	5960 SW 83 PLACE		2.3 STREET ADDRESS	17880 PECHEE DRIVE.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133.	
TITLE	VP	☐ DELETE	3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	CANDIDO, GWINTANA		3.2 NAME	CANDIDO QUINTANA. D (WRONG SPELLING)	
STREET ADDRESS	12601 NE 7TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL		3.4. CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE	JOHN R. FORBES SECRETARY/ TREASURER. D.	☒ Change ☐ Addition
NAME	JORGE, VALCARCEL		4. 2 NAME		
STREET ADDRESS	801 BRICKELL AVE 23RD FLOOR		4.3 STREET ADDRESS	3310 PONCE DE LEON BLVD.	
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134.	
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SALAZAR, FELICIA		5.2 NAME		
STREET ADDRESS	800 DOUGLAS ENTRANCE, #119		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		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		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #