FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

APPROVED

ANNUAL REPORT Secretary of State 1995 DIVISION OF CORPORATIONS 195 HAR -7 AH 11: 28 DOCUMENT # **G98698** (5) Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA "IN-ARCHITECTURE". INC Principal Place of Business Mailing Address 4101 LAGUNA ST 4101 LAGUNA ST CORAL GABLES FL 33146 CORAL GABLES FL 33146 DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 3a. Date of Last Report 02/21/1984 08/23/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2375324 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & Stato 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under S. 199.032, 24 25 29 Yes ☐ No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name tzamtzis, anthony e. Street Address (P.O. Box Number is Not Acceptable) 4101 LAGUNA STREET **CORAL GABLES FL 33146** 83 84 City Zip Code 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 Signature, typict or printed name of negistered agent and title if applicable. (NOTE: Registered Agent signature required when renistating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IIILE 1. 1 TITLE Change ___ Addition NAME TZAMTZIS, ANTHONY E. 1.2 NAME 2421 TIGERTAIL AVE STREET ADDRESS 13 STREET ADDRESS **COCONUT GROVE FL** CITY-S1-7IP 1.4 CITY-ST-ZIP TILLE Change Addition 21 THIE HAME TZAMIZIS, TANIA LOPEZ 2.2 NAME 2421 TIGERTAIL AVE STREET ADDRESS 2.3 STREET ADDRESS **COCONUT GROVE FL** CITY-SI-ZIP 2.4 CITY-ST-ZIP TITLE 31 HRE Change ☐ Addition HAME 32 NAME STREET ADDRESS **3.3. STREET ADDRESS** CITY-ST-ZIP 3.4 CHY-ST-ZIP ME 4.1 Tible Change Addition HAME 4.2 NAME STRUET ADDRESS 43 STREET ADDRESS 4.4 CITY-S1-ZIP CITY+S1-7/P TITLE 5.1 TITLE Change Addition NAME 52 NAME STUDEL ADDRESS 5.3 STREET ADDRESS CITY - ST-789 54 CITY-ST-ZIP 1011 Chango 6 1 TIFLE Addition

64 CHY-ST-ZIP 14. Ido buroby certify that the information supplied with this illing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. Hurther certify that the information indicated on this control repulsion or supplemental control report is true and accurate and that my signature shall have the same legal effect as it made under eath; 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.

6.2 NAME

63 STREET ADDRESS

NAME

STRUET ADDRESS

CITY ST 20

TANIA TZAMTZIS DON PHINTED HAME OF THORNING OFFICER ON DIRECTOR

CP