

NOTE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



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

FILED

98 MAY 12 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H57107**

(5)

1. Corporation Name

THE ARCHITECTURAL PARTNERSHIP, INC.

Principal Place of Business

C/O JORGE R. CIBRAN
5040 NW 7TH ST. SUITE 690
MIAMI FL 33126

Mailing Address

C/O JORGE R. CIBRAN
5040 NW 7TH ST. SUITE 690
MIAMI FL 33126-3437

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CIBRAN, JORGE R.
5040 NW 7TH ST., SUITE 690
MIAMI FL 33126

3. Date Incorporated or Qualified

05/15/1985

3a. Date of Last Report

04/22/1996

4. FTT Number

59-2682597

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$0.75 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. 193.032,
Florida Statutes

☐

Yes

☐

No

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 607.0502 and 607.1503, 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, typed or printed name of registered agent and filed applicable

(FEE) The registered agent signature is required when reappointing

(FEE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
PEREZ, J. DAVID
STREET ADDRESS **10111 SW 129 TERR.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **DVS**
CIBRAN, JORGE R.
STREET ADDRESS **1825 SW 87 COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07, 19.08, 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 has the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent of the corporation; that I am not a minor or an incompetent person; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no changes.

SIGNATURE:

Jorge R. Cibrán

3-70-97

305-448-5242

682 F024 (0-95)