FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 11 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L47830** **(9)**

1. Corporation Name
GAMBACH SKLAR ARCHITECTS, INC.

Principal Place of Business	Mailing Address
1132 KANE CONCOURSE 2ND FLOOR BAY HARBOR ISLAND FL 33154 US	1132 KANE CONCOURSE 2ND FLOOR BAY HARBOR ISLAND FL 33154 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/06/1990**
3a. Date of Last Report: **02/08/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **65-0182701** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25:
Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUBIN, STEVEN D
150 WEST FLAGLER STREET
2200 MUSEUM TOWER
MIAMI FL 33130

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 607.1508, 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 _____ 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	DP	11 TITLE	☒ Change ☐ Addition
NAME	GAMBACH, ROBERTO	12 NAME	
STREET ADDRESS	~~1200 STILLWATER DR~~	13 STREET ADDRESS	1132 Kane Concourse, 2nd Floor
CITY-ST-ZIP	~~MIAMI BCH FL~~	14 CITY-ST-ZIP	Bay Harbor Island, Fl. 33154
TITLE	DVT	21 TITLE	☒ Change ☐ Addition
NAME	GAMBACH, BEATRIZ	22 NAME	
STREET ADDRESS	~~1200 STILLWATER DR~~	23 STREET ADDRESS	1132 Kane Concourse, 2nd Floor
CITY-ST-ZIP	~~MIAMI BCH FL~~	24 CITY-ST-ZIP	Bay Harbor Island, Fl. 33154
TITLE	DVS	31 TITLE	☒ Change ☐ Addition
NAME	SKLAR, OSCAR	32 NAME	
STREET ADDRESS	~~1108 88TH ST~~	33 STREET ADDRESS	1132 Kane Concourse, 2nd Floor
CITY-ST-ZIP	~~SURFSIDE FL~~	34 CITY-ST-ZIP	Bay Harbor Island, Fl. 33154
TITLE	DV	41 TITLE	☒ Change ☐ Addition
NAME	SKLAR, ANA	42 NAME	
STREET ADDRESS	~~1108 88TH ST~~	43 STREET ADDRESS	1132 Kane Concourse, 2nd Floor
CITY-ST-ZIP	~~SURFSIDE FL~~	44 CITY-ST-ZIP	Bay Harbor Island, Fl. 33154
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

(305)

SIGNATURE: X B. Gambach B. GAMBACH X 4/7/95 x866-2096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0808480 CP