FIL	E NOW: FII	LING FEE A	FTER M	IAY 1 IS	\$ 5	5.00				
COF	PROFIT RPORATION JAL REPORT 1996		FLO	ORIDA DEPARTI Sandra B. I Secretary	MEN DF Mor m of S	STATE				
DOCUMENT #		L97788		(8)						
1. Corporation	n Name UX BUILDING A	AND DESIGN I	INC	•						
	on boilbilla i	THE DEGICITY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1 1001 01 01 10 10 10 10 10 10 10 10 10			    <b>                    </b>
Principal Place	e of Business		Mailing Addr	ess						
1430 SW 73 PLANTATIO				osboro RD On Ga 30292						
							<ol> <li>Date Incorporated or Qualified 09/05/1990</li> </ol>		Last R 01/19	
	ace of Business Coberts Quar	tees Rd.	2a. Mailing A	ddress			4. FEI Number 65-0268074			Applied For
Suite, Apt.	#, etc.	ZERS JOIN	Suite, Api	t. #, etc.			5. Certificate of Status Desired		. — —	Not Applicable Additional
City & State			City & Sta	ate			6. Election Campaign Financing			Required  May Be
7i0	ord Soft	untry	28 Zip		Country	<del></del>	Trust Fund Contribution		Adde	d to Fees
24 3020	25	<i>0</i> '	29	30	<b>-</b>	·		s <b>[Z</b> No		199.032,
	9. Name and Ad	dress of Current R	egistered Age	ent	81	Name	10. Name and Address of New	Registered Age	nt	
	MICHAEL K				82		ress (P.O. Box Number is Not Accepta	hlo)		
12515 M KENDALL DR SUITE 304 MIAMI FL 33186							55 (1.0. Dox Number is Not Acceptable)			
MACAMI	1 . 00100				83			· · · · · · · · · · · · · · · · · · ·		
11 0					84	•,			- I '	Code
or register	ed agent, or both, in th, and accept the ob	the State of Florida.	G 507,1508, Flo Such change w 607,0505, Elorid	onda Statutes, th ras authorized by	e above-i the corp	named corpoi ioration's boa	ration submits this statement for the pure of directors. Thereby accept the app	irpose of changi pointment as reg	ng its re istered	egistered office agent. I am
SIGNATURE _										
12.	Signature, typed or printed no	OFFICERS AND D		(NOTE: Re	gistered Ager 13.	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFI	DATE FICERS AND DIE	RECTO	DS IN 12
TITLE	D CIDOUX MAD	4. D		DELFTE	1. 1 TITLE				hange	Addition
NAME. STREET ADDRESS	GIROUX, MAR 1000 REIDSBO				1.2 NAME					
CHY-ST-ZIP	WILLIAMSON				1.3 STREET 1.4 CITY - S					
THLE				DELETE	2. 1 TITLE				hange	☐ Addition
NAME STREET ADDRESS				1	2.2 NAME					
CITY-ST-ZIP					2.3 STREET 2.4 CHTY-S		·			
TILE				DELETE	3. 1 THILE			C	hange	Addition
NAME OVEREST ADDRESSES					3.2 NAME	ĺ				
STREET ADDRESS CITY-ST-ZIP					3.3. STREET 3.4 C(TY - S					
TITLE				ELETE	4. 1 TITLE	1-217		ΠC	nange	Addition
NAME					4.2 NAME			_	•	_
STREET ADDRESS CITY-ST-ZIP					4.3 STREET					
TITLE		·····		ELETE	44 CITY-S 5 1 TITLE	I - ZIP		[ ] CI	nanne	Addition
NAME			_		5 2 NAME			ان ر	yu	
STREET ADDRESS					5 3 STREET	ADDRESS				
CITY-ST-ZIP TITLE				PELETE	5.4 CITY - S 6. 1 TITLE	T-ZIP				
NAME			٥٠		6.2 NAME			□ Cr	ange	Addition
STREET ADDRESS				ļ	6.3 STREE	ADDRESS				
CHY-ST-7/P	cordify that the info-	nation problem	thio files in the		6.4 CIV - S	1-ZIP				
oath; that I		tor of the corporation		r or trustee emp			or the exemption stated in Section 119 te and that my signature shall have the s report as required by Chapter 607, Fi			
SIGNATI	URE:	free	( [ ] to	ref	<b>.</b>		4-24-96	770.0	:64-	0935
	/ ŞIGNAT	URE AND TYPED OR PRIN	ITED NAME OF SIG	NING OFFICER OR E	RECTOR		Data	On to a	Dhase b	<del></del>