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 MAR -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M10645** (3)

1. Corporation Name
S/T/A ARCHITECTURAL GROUP, INC.

Principal Place of Business
419 ESPANOLA WAY, 2FL
MIAMI BEACH FL 33139

Mailing Address
419 ESPANOLA WAY, 2FL
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/29/1985
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21 420 Lincoln Road
Suite, Apt. #, etc.
22 Suite #507
City & State
23 Miami Beach, Florida
Zip 24 33139 Country 25 Dade

2a. Mailing Address
26 420 Lincoln Road
Suite, Apt. #, etc.
27 Suite #507
City & State
28 Miami Beach, Florida
Zip 29 33139 Country 30 Dade

4. FEI Number: 59-2489877 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ $8.75 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TRAGASH, TODD B
261 PALM AVE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name: Tragash, C. Isabel
82 Street Address (P.O. Box Number is Not Acceptable)
83 261 Palm Avenue
84 City: Miami Beach FL 85 Zip Code: 33139

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: C. Isabel Tragash, President — Jan. 19, 1995
(If an entity, type or print name of signer and title of signer) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	TRAGASH, TODD
STREET ADDRESS	261 PALM AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P ☐ Change ☒ Add
12 NAME	Tragash, C. Isabel
13 STREET ADDRESS	261 Palm Ave.
14 CITY-ST-ZIP	Miami Beach, Florida 33139
21 TITLE	VS ☒ Change ☐ Add
22 NAME	Tragash, Todd
23 STREET ADDRESS	261 Palm Ave.
24 CITY-ST-ZIP	Miami Beach, Florida 33139
31 TITLE	☐ Change ☐ Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information contained with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained 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 above, or on attached rider, or in the Blank Line Block, if changed, or is an attorney with an address.

SIGNATURE: C. Isabel Tragash, President — 305/534-7741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Jan. 19, 1995

0144408 CP