


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # M24664 (8) 1. Corporation Name VARKI & SCHINDLER, ARCHITECTS, P.A.		



Principal Place of Business 2100 CORAL WAY MIAMI FL 33145	Mailing Address 2100 CORAL WAY MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/16/1985		3a. Date of Last Report 08/12/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2616861		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip 29		Country 30	
9. Name and Address of Current Registered Agent SCHINDLER, JACEK W. 3250 MARY STREET MIAMI FL 33133				10. Name and Address of New Registered Agent 81 Name SCHINDLER, JACEK W. 82 Street Address (P.O. Box Number is Not Acceptable) 2100 CORAL WAY, SUITE 405 83 84 City MIAMI FL 85 Zip Code 33145			
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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	V/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHINDLER, JACEK			1.2 NAME	CONCHITA ALENTADO, CONCHITA		
STREET ADDRESS	3250 MARY STREET			1.3 STREET ADDRESS	2100 CORAL WAY		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI FL 33145		
TITLE	VM	<input type="checkbox"/> DELETE		2.1 TITLE	SCHINDLER, JACEK	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VARKI, VIJAY G			2.2 NAME	2100 CORAL WAY		
STREET ADDRESS	3250 MARY ST			2.3 STREET ADDRESS	MIAMI, FL 33145		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	V/M	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME	VARKI, VIJAY G		
STREET ADDRESS				3.3 STREET ADDRESS	2100 CORAL WAY		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	MIAMI, FL 33145		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE *[Signature]* 9/17/97 305/9548/98

CR2E034 (4/97)