

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M62986 (8)

1. Corporation Name

ARTIGUES ARCHITECTS, INC.

Principal Place of Business

7314 S.W. 48TH ST.
MIAMI FL 33155

Mailing Address

7314 S.W. 48TH ST.
MIAMI FL 33155



3. Date Incorporated or Qualified

11/25/1987

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 4936 SW 74 CT

26 4936 SW 74 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI Florida

28 MIAMI Florida

Zip

Country

Zip

Country

24 33155

25 USA

29 33155

30 USA

9. Name and Address of Current Registered Agent

FERNANDEZ, HERMINIA
999 PONCE DE LEON BLVD
SUITE 705
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

Name
Marlene Artigues
Street Address (P.O. Box Number is Not Acceptable)
4936 SW 74 CT

City
MIAMI

FL

85

Zip Code
33155

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]

Signature typed or printed name of registered agent, if title is applicable.

(NOTE: Registered

signature required when reinstating;

DATE

4-9-96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ARTIGUES, MARLENE
STREET ADDRESS 7314 SW 48 ST
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
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CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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)(k), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

606-6556

Date

Daytime Phone #

CR2E034 (12/95)