CORPORATION
ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 27 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M77276 (7)

1. Corporation Name
CONSTRUX ARCHITECTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 0145 MIAMI BEACH FL 33141	P.O. BOX 0145 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/21/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 415645 N/A	26 P.O. Box 415645 N/A
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Beach, FL	City & State 28 Miami Beach, FL
Zip / County 24 33241-9645 25	Zip / County 29 33241-9645 30

4. FEI Number: 65-0062627 ☐ 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

DOLIN, CHERYL
C/O DANIELS, KASHTAN & FORNARIS P.A.
2 ALHAMBRA PLAZA SUITE 810
CORAL GABLES FL 33134

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: Cheryl Dolin 3-9-95
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	DOLIN, CHERYL	12 NAME	
STREET ADDRESS	P.O. BOX 0145 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	AYBAR, CARLOS E.	22 NAME	
STREET ADDRESS	P.O. BOX 0145 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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.

SIGNATURE: Cheryl Dolin 3-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0428400 FP