

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P36365** (5)
1. Corporation Name
ARCHICOUSTICS, INC.



Principal Place of Business

Mailing Address

1225 SW 129 CT
SUITE 202
MIAMI FL 33186
US

12255 SW 129 CT
SUITE 202
MIAMI FL 33186
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, BILL (C.P.A. P)
9200 SOUTH DADELAND BOULEVARD
SUITE 405
MIAMI FL 33156

81 Name

Claude Venet

82 Street Address (P.O. Box Number is Not Acceptable)

12255 SW 129 CT

83

84 City

MIAMI

FL

85 Zip Code

33186

11. Pursuant to the provisions of Section 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 provisions of Section 607.1505, Florida Statutes.

SIGNATURE

(Signature of Bill Davis)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CDP VENET, CLAUDE 12255 SW 129 CT MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VST VENET, CLAUDE 12255 SW 129 CT MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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, on an attachment with an address.

SIGNATURE:

(Signature of Claude Venet)

DATE

DAY-TIME PHONE #

1/31/96

25-254-8450

CR2E034 (12/95)