FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

appears in Block 12 or Block 13 if changed, or

SIGNATURE AND TYPED OR PRINTE

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FILED May 06 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P36365 (5)ARCHICOUSTICS, INC. Mailing Address Principal Place of Burilliess 1225 SW 129 QT 12255 SW 129 SUITE 202 MIAMI FL 33186 SUITE 200 33188-8442 3. Date Incorporated or Qualified 3a. Date of Last Report 11/13/1991 05/01/1996 2. Principal Place of Business Applied For 2a. Mailing Address FEI Number 52-1728774 Not Applicable 26 \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be u Trust Fund Contribution ▢ 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 29 Florida Statutes 24 25 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name VENET, CLAUDE -12255 SW 129 CT. **SUME 405** -MIAMI FL 331887 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) (96/6) CDP DELETE 1.1 TITLE THILE **VENET, CLAUDE** 1.2 NAME NAME 12255 SW 129 CT STREET ADDRESS 1.3 STREET ADDRESS ABOVE -MAMIFE 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE VST $H\Pi \xi \xi$ 2.1 TITLE VENET, CLAUDE NAME 2.2 NAME -12255 SW 129 CT ABOK 2.3 STREET ADDRESS STREET ADDRESS MAMI FL 2 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition 32 NAME NAME STREE (ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 4 1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TILLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHTY-ST-ZIF DELETE Change Addition TITLE 6.1 TITLE 800002173728 -05/09/97--01120--016 NAME 6.2 NAME STREET ADORESS **63 STREET ADDRESS** ***165.00 CITY - ST - 2IF 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this information indicated on this annual report or supplement am an officer or director of the corporation or the region. for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the e and accurate and that my signature shall have the same legal effect as if made under oath; that to execute this report as required by Chapter 607, Florida Statutes; and that my name