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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200005329 (7)

MARCET RIBAR IKEGAMI ARCHITECTURAL GROUP, INC.

211 S BUMBY SUITE 108 ORLANDO FL 3 US		211 S BUMBY AVE SUITE 108 ORLANDO FL 32803-6226 US		Date Incorporated or Qualified 11/12/1992	3a. Date of Last Report 02/01/1996
1	iace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 320 £ Suite, Apt	E. South St.,	Suite, Apt. #, etc.		59-3151534	Not Applicable \$8.75 Additional
22 Suite	. 150	27		5. Certificate of Status Desired	Fee Required
City & State	ndo, Fl	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7/p	Country	Zip	Country	This corporation has liability for it	
24 3280		29 30	<u> </u>	Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
MARCET, CARLOS A 1802 SOUTH FISKE BLVD. SUITE 108 ROCKLEDGE FL 32955 81 Name May cet (arlos A . 82 Street Address (P.O. Box Number is Not Acceptable) \$20 E . South 51 83 Suite 150 84 City City FL 85 Zip Code \$280 1 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 boll, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 0505, Florida Statutes.					
SIGNATURE					
12.	Signature, typed or printed natural registered agent OFFICERS AND		egistered Agent signature	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TiTLE	P	DELETE	1.1 TITLE		Change Addition
NAME	MARCET, CARLOS A		1.2 NAME		د. حک
STREET ADORESS	1802 S. FISKE BLVD., SUITE 10	8	1.3 STREET ADDRESS	320 E. South St. Su Orlando, Fl BZ8	oite 130
City-St 2iP	ROCKLEDGE FL		1.4 CiTY-\$T-ZiP	Orlando, Fl 328	01
TITLE	8	☐ DELĒT E	2.1 TITLE		Change Addition
NAME	RIBAR, JOHN L.		2.2 NAME		
STREET ADDRESS	1802 S. FISKE BLVD., SUITE 10	8	2.3 STREET ADDRESS		
C-TY-ST-ZIP	ROCKLEDGE FL	DELETE	2. 4 CITY - ST - ZiP		Change Addition
TITLE NAME	VP	C DECEIE	3.1 TITLE 3.2 NAME		 • -
STREET ADDRESS	IKEGAMI, PETE M 211 S BUMBY AVE		3.3 STREET ADDRESS	120 E. SOUTH St.,	Soite 150
COTY - ST - 7IP	ORLANDO FL		3.4. CITY-ST-ZIP	320 E. South St., Orlando, Fl 32	201
TITLE		☐ DELETE	4.1 TITLE	0,14,000	Change Addition
NAME			4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CHY-ST-ZIP			4.4 CiTY-ST-ZiP		
TITLE	Part of the Part o	DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY- ST-ZiP		T course	5.4 CITY - ST - ZIP		T Access Advances
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
011Y-S1 2IF	Policeus contenued in that the infernation survivier	with this filing does not qualify	or the exemption s	l stated in Section 119 07(3)(i) Florida Statute	s. I further certify that the
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). Fiorida 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 of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address					