

FILE NOW: FILING FEE AFTER MAY 1 IS \$22.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000011101 (2)

1. Corporation Name

P. YRAN AND B. STORBRAATEN ARCHITECTS, INC.



Principal Place of Business

1001 N. AMERICA WAY
SUITE #202
MIAMI FL 33132

Mailing Address

1001 N. AMERICA WAY
SUITE #202
MIAMI FL 33132

2. Principal Place of Business

2a. Mailing Address

21 1001 N. AMERICA WAY

26 1001 N. AMERICA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 115

27 SUITE #115

City & State

City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

Zip

Country

Zip

Country

24 33132

25 USA

29 33132

30 USA

9. Name and Address of Current Registered Agent

DADY, ROBERT E
100 SE 2ND ST.
SUITE 4000
MIAMI FL 33131

3. Date Incorporated or Qualified

12/10/1992

3a. Date of Last Report

03/02/1995

4. FET Number

65-0394597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Name

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

13.

14. 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

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

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME YRAN, SOREN
STREET ADDRESS 1001 N. AMERICA WAY, SUITE 202
CITY-ST-ZIP MIAMI FL 33132

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME NAERSTAD, BJORN
1.3 STREET ADDRESS 1001 N. AMERICA WAY, SUITE 115
1.4 CITY-ST-ZIP MIAMI FL 33132

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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: BJORN NAERSTAD

96.03.06

(305) 375-8147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (12/95)