

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 25 AM 9:18

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000005045 (8)

1. Corporation Name

BUILDPLAN ILLUSTRATED INC.

Principal Place of Business

431 N.E. 180 DRIVE
N. MIAMI BEACH FL 33162

Mailing Address

431 N.E. 180 DRIVE
N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1993

3a. Date of Last Report

03/24/1994

4. FEI Number

65-0384481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. I am hereby certifying that the foregoing

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NYARKO, CHARLES O
431 N.E. 180 DR
N. MIAMI BEACH FL 33162

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 607.1506, 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 of person or persons of registered agent and the corporation)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NYARKO, CHARLES O
STREET ADDRESS	431 N.E. 180 DR
CITY, ST, ZIP	N. MIAMI BEACH FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS	☐ Change ☐ Addition
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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(1)(b), 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 correct), or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

7/18/95

Date

(Signature Page 2)

CP2E034 (3/95)