

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT 13 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P93000018112 (1)

1. Corporation Name

HAWRYLEWICZ AND ROBERTSON ARCHITECTURE AND DESIGN,
P.A.

Principal Place of Business

1688 MERIDIAN AVE.
#022
MIAMI BEACH FL 33139

Mailing Address

1688 MERIDIAN AVE.
#022
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1993

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0406781

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes ☒ No ☐

2. Principal Place of Business

21 Suite, Apt. #, etc. # 802

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc. # 802

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

ROBERTSON, DANIEL L
1688 MERIDIAN AVE.
#022
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) # 802

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-16-97

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROBERTSON, DANIEL L
1610 MERIDIAN AVE. #8
MIAMI BEACH FL 33139

1.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HAWRYLEWICZ, PETER
2421 LAKE PAN COAST DR. PENTHOUSE
MIAMI BEACH FL 33140

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
200002321202--8
-10/15/97--01091--005
*****550.00 *****550.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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), 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

[Signature] DANIEL L ROBERTSON 10-10-97 305-672-8055

CR2E034 (4/97)