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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P93000044265 (5)

MANUEL SYNALOVSKI ARCHITECTS, INC.

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Principal Pla	ace of Business	Mailing Address				e naderbat ein sanat eiste Affen Affen			in dient Gift iddi
3109 STIR	· · ·	- 3111 CTIPLINO F	D.———						
Suite 202 et. Laudi	z Erdale fl 33312	Suite 202 Ft. Lauderdale	El 33312						
US		US				3. Date Incorporated or Qualified			
2. Principal	Flace of Business	2a. Mailing Address		+		4. FEI Number	·	-	Applied For
21		26 3109 STI	-ling Rd.	عانك	202	65-04 18485			Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, et	c.	,		5. Certificate of Status Desired		•	Additional Required
City & St	a*6	City & State				6. Election Campaign Financing			
23		28				Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip	Count	y	"-"	8. This corporation has fiability for it	ntangible tax		
24	25	29	30				□ No		
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New R	egistered A	gent	
			8	1 Name					
	LOVSKI, MANUEL		8	82 Street Addre		ss (P.O. Box Number is Not Acceptable)			
	STIRLING RD		-			····	· · · · · · · · · · · · · · · · · · ·		
SUITE			6	3					
FI. LA	AUDERDALE FL 33312		8	4 City				85 Zıç	p Code
11 Discussion	at to the provisions of Costinue 507 050	00 and 007 4500 Fb- (-) 0		<u> </u>			<u> </u>	i 1 '	
Or regis:	nt to the provisions of Sections 607.050 tered agent, or both, in the State of Flo with, and accept the obligations of, Se	inga. Such change was aut	noazéa hy the coi	poration's	board c	on submits this statement for the purple of directors. I hereby accept the appo	ose of chang intraent as re	ging its r egistered	egistered office agent. I am
SIGNATURE									
12.	Signature: typical or printed name of registerni Lago OFFICERS Al	ND DIRECTORS	(NOTE: Rag stered Ag	ent signature re	required wh	en reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND C	IBECTO	ES IN 12
TILLE	DP	DELETE		1. 1 TifuE				Change	Addition
NAME	SYNALOVSKI, MANUEL		1.2 NAMI				_	•	_
STEELT ADDRESS	3109 STIRLING RD. #202		13 STRE	T ADDRESS					
CITY ST-7IP	FT. LAUDERDALE FL		14 CITY	ST-ZIP	ļ				
THILF	DVP	☐ DELETE	2 1 TITLE					Change	Addition
NAME	GUTIERREZ, JORGE A		2 2 NAM6						
SPRECT ADDRESS	,	E #202	23 STRE	1 ADDRESS					
C-1Y ST-ZIP	FT. LAUDERDALE FL		2 4 CITY	ST-ZIP					
THEF	DST	☐ DELETE	3 1 THTLE	Ī				Change	☐ Addition
NAMt	SYNALOVSKI, LISA H		3 2 NAM8						
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	IE #202	33 STRE	ET ADDRESS					
City - St - ZiP	FT. LAUDERDALE FL	- Drutte	3.4 CITY					-	<u>.</u>
111.6		☐ DELFTE	4 1 TITLE					Change	■ Addition
NAME CONTRACTOR			4.2 NAME						
STREE! ADDRESS				T ADDRESS					
CHY-ST ZE		DELFTE	4 4 CITY -	ST-ZIP				0 +	63.1 442
NAM:			5 1 TITLE				Ц	Change	Addition
STREET ADDRESS			5 2 NAME	Libberge					
CITY - ST - ZIF	,			F ADDRESS					
TITLE		DELETE	5 4 CITY - 6 1 TILLE	21-715				Change	☐ Addition
N4ME			6 2 NAME					onange	LI Addition
STHELT ADDRESS				I ADDRESS					
C(17 - S1 - 7)?			64 CITY-						
	chy certify that the information supplied	I all all a file in the file	04 0//17	GITER .					

Ido 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 as if made under certify 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING DYFICEN OR DIBECTOR

3.4.96 (954)961-6806

CR2E024 (12/05)