

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000078517 (8)

1. Corporation Name

ARCH. ONE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 23 PM 1:28

Principal Place of Business

6371 SW 26 STREET
MIAMI FL 33155
US

Mailing Address

6371 SW 26 STREET
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0469643

Applied For

Not Applicable

22

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

REISMAN, JEROME S
2511 PONCE DE LEON BLVD.
#205
CORAL GABLES FL 33134

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 607.1508, 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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD
NAME MOJICAR-HUNT, ISIS M
STREET ADDRESS 6371 S.W. 26TH ST.
CITY- ST- ZIP MIAMI FL 33155

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
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

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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 changes are made in this statement with an annex.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5-1-95

305-667-8962