FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000078517 (8)

ARCH. ONE, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			
6371 SW 26 STREET 6371 SW 26 STREET MIAMI FL 33155 US US					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 11/08/1993
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26	_		65-0469643 Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc 27			5. Certificate of Status Desired Section Fee Required
City & State	6	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Count	ry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
RE	ISMAN, JEROME S		8	1 Name	
2511 PONCE DE LEON BLVD.			8	2 Street A	Address (P.O. Box Number is Not Acceptable)
	ORAL GABLES FL 33134		8	3	
_			B		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 ag	and and this it applicable. (NO)	TE: Boointored A	ment pigosti re	required when reinstating) DATE
12.		ID DIRECTORS	13.	gorn organicae	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVD	DELETE	1.1 TITLE		Change Addition
NAME	MOJICAR-HUNT, ISIS M		1.2 NAMI		
STREET ADDRESS	6371 S.W. 26TH ST.		1.3 STRE	ET ADORESS	
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY	ST-ZIP	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
HAME			3.2 NAME	:	
STREET ADDRESS			3.3 STRE	ET ADORESS	
CITY-ST-ZIP			34. C/TY		
TITLE		☐ DELETE	4.1 TITLE	i	☐ Change ☐ Addition
NAME			4. 2 NAM		
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY		
TITLE		DELETE	5.1 ¥(T).€		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
C/TY-ST-ZIP		T priere	5.4 CITY	$\overline{}$	
TITLE		DELETE	6.1 TITLE		Change Addition
HAME			6.2 NAME		
STREET ADDRESS			6.3 STREI	T ADDRESS	

14. Thereby certify that the information supplied with this filling 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 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 continent of the receiver or trustee of phowed 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 in a state my name appears.

SIGNATURE:

4.20.98

355 667-8962