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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400003615 (9)

Block 12 or Block 13 if changed, or on an attachment with an address

LAMELA ARCHITECTS, P.A.

Principal Place of Business

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



(10/97)

14151 LEANING PINE DR 14151 LEANING PINE DR MIAM! LAKES FL 33014 MIAMI LAKES FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2151 LEJEUNE ROAD 4*5*8 ROYINO 21 65-0461240 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be GABLES, CORA 23 CORAL 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible U.S □ No 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COFINO, PEDRO A ESQ 407 LINCOLN RD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2B** 83 **MIAMÍ BEACH FL 33139** City 84 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 little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ___ Addition LAMELA, ANGEL H. LAMELA, ANGEL H NAME 1.2 NAME 458 ROYING AVE 14151 LEANING PINE DR STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL 33014 Coral Gables, FL. 33156 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-ZIP 3.4. C(TY-ST-ZIP DELETE Change TITLE Addition 41 TITLE NAME 4. 2 NAME **STREET ADD**RESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP 14. Thereby 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