

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021396**

1. Corporation Name

ARCHANGE, CORP.

Principal Place of Business

**1725 NW 28 ST
MIAMI FL 33142**

Mailing Address

**1725 NW 28 ST
MIAMI FL 33142**

400001465844

-04/27/95--01002--010

*****200.00 ***200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03 / 21 / 94

3a. Date of Last Report

2. Principal Place of Business

21 1725 NW 28 ST

2a. Mailing Address

26 1725 NW 28 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

24

Country

USA

29

Country

USA

4. FEI Number

65/0500351

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANÇOIS ENGELHAJER
1725-2A NW 28 ST
MIAMI FL 33142**

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]

FRANÇOIS ENGELHAJER

04/06/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	FRANÇOIS ENGELHAJER
STREET ADDRESS	1725 NW 28 ST
CITY - ST - ZIP	MIAMI FL 33142
TITLE	V
NAME	MARIO PRIETO
STREET ADDRESS	1725 NW 28 ST
CITY - ST - ZIP	MIAMI FL 33142
TITLE	S.
NAME	ENGELHAJER MANUELA
STREET ADDRESS	1725 NW 28 ST
CITY - ST - ZIP	MIAMI FL 33142
TITLE	T
NAME	UEGER RALPH
STREET ADDRESS	660 BYSCAINE BLV
CITY - ST - ZIP	MIAMI FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	P D	☐ Change ☐ Addition
1.2 NAME	FRANÇOIS ENGELHAJER	
1.3 STREET ADDRESS	1725 NW 28 ST	
1.4 CITY - ST - ZIP	MIAMI FL 33142	
2.1 TITLE	V	☐ Change ☐ Addition
2.2 NAME	MARIO PRIETO	
2.3 STREET ADDRESS	1725 NW 28 ST	
2.4 CITY - ST - ZIP	MIAMI FL 33142	
3.1 TITLE	S	☐ Change ☐ Addition
3.2 NAME	ENGELHAJER MANUELA	
3.3 STREET ADDRESS	1725 NW 28 ST	
3.4 CITY - ST - ZIP	MIAMI FL 33142	
4.1 TITLE	T	☒ Change ☐ Addition
4.2 NAME	PIRIS JUAN	
4.3 STREET ADDRESS	350 CENTRAL AV	
4.4 CITY - ST - ZIP	NEWARK NJ 07104	
5.1 TITLE	PD	☐ Change ☒ Addition
5.2 NAME	LU'EN ENGELHAJER	
5.3 STREET ADDRESS	CHATEAU DE LA MOTTE	
5.4 CITY - ST - ZIP	31380 ST CEREZET GRENADE FRANCE	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	GUILLERMO DIAZ	
6.3 STREET ADDRESS	DEL REST. TERRAZA 1/2 CUADRA ABAJO	
6.4 CITY - ST - ZIP	CASA 124 MANAGUA NICARAGUA	

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)(k), 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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

FRANÇOIS ENGELHAJER

04/06/95 305 636 4286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(System Printed #)