

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000035963 (5)

1. Corporation Name

PROJECTION ROOM ARCHITECTS INC.

Principal Place of Business

Mailing Address

4120 LAGUNA ST  
CORAL GABLES FL 33146  
US

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CORAL GABLES FL 33146  
US



3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

06/05/1995

4. FEI Number

65-0492555

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

CALVO, JUAN A  
20 ISLAND AVE., 1514  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person authorized to register corporation and file if applicable

JUAN CALVO, VICE PRESIDENT

8-12-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MORALES, OMAR	20 ISLAND AVE 1514	MIAMI BEACH FL	<input type="checkbox"/>
VP	CALVO, JUAN A	20 ISLAND AVE 1514	MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	Change	Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Omar Morales,  
President

8/12/96

(3-5) 569-6111

CR2E034 (3/96)