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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000062142 (2)

SARA BLANCHE ARCHITECT, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address	·		1 [84](184] 176 8111 91911 48111 98111 48111 981	LA ARRIN JANDA DISTA DINAN LANA INDI
7901 S.W. 52ND AVE. 7901 S.W. 52ND AV					
MIAMI FL 33143	MIAMI FL 33143			DO NOT WRITE IN T	רווני פטאטר
US	U\$			3. Date Incorporated or Qualified	HIS SPACE
				08/18/1994	
2. Principal Place of Business	2a. Mailing Address	*****		4. FE! Number	Applied For
21	26			65-0529465	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.				AA 75
22	27			5. Certificate of Status Desired	Fee Required
City & State	City & State		,	6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	7ip	Country		8. This corporation owes or has paid the	
24 25 25 Name and Address of Currel	_ 4	30	 	Personal Property Tax due June 30. 10. Name and Address of New Registe	X Yes No
	iit negistered Agent		1 Name	(U. Haille and Address of New Registe	red Agent
Rubin, Nancy 2345 S W 28th St					
MIAMI FL 33133		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
MICHIEL 53 155		ε	3		
		8	4 City	:	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.050	02 and 607.1508. Florida Statutes	s. the abo	ve-named corr	poration submits this statement for the ourop	se of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida, Such change was au	thorized	by the corporal	tion's board of directors. I hereby accept the	appointment as registered
-	TOP , COCO, 100 HOUSE, FIO	ida Statui	CS.		
SIGNATURE Signature, type-d or printed name of registered ag-	ent and little if applicable (NOTI	Angistered /	gent signature requi	red when reinstating) DA	VIE.
	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE DPST	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME BLANCHE, SARA		1.2 NAM	E		;
STREET ADDRESS 7901 S.W. 52ND AVE.			E1 ADDRESS		ļi
CITY-STYJIP MIAMI FL 33143	D prieze	-	- ST - ZIP		
TITLE	☐ DELETE	2.1 11114	1		Change Addition
NAME		2.2 NAM	Į.		
STREET ADDRESS			ET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	2. 4 CITY 3.1 TITLE	'-ST-ZIP		Change Addition
NAME	OLECTIC				
STREET ADDRESS		3.2 NAM	ET ADDRESS		
CITY-ST-ZIP			'-SI-ZIP		i
TITLE	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	_	4. 2 NAM			- · -
STREET ADDRESS			ET ADDRESS		
City-ST-ZiP		4.4 CITY			
TITLE	DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAM	E		
STREET ADDRESS		5.3 STRE	ET ADDRESS	No.	
CiTY-ST-ZIP		5.4 CITY	- ST - 7IP		
TITLE	DELETE	61 THLE			Change Addition
NAME		6.2 NAM	E		}
STREET ADDRESS		6.3 STRE	et address		
CITY-ST-ZIP		64 CITY	-ST-ZiP		
والمراز والمرازع والمرازع والمناط والم				0 1 440 09/00/2012 1 0 1 1 1 1 1	

I hereby 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 Block 12 or Block 13 if changes, or on an affactation with an address.