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May 13, 1999 8:00 am
Secretary of State
05-13-1999 90004 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P94000092288 (7)

1. Corporation Name
ARCHIPRO STAFF AGENCY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
420 LINCOLN ROAD SUITE 309 MIAMI BEACH FL 33139	420 LINCOLN ROAD SUITE 309 MIAMI BEACH FL 33139

2. Principal Place of Business	2a. Mailing Address
21 235 LINCOLN ROAD	26 235 LINCOLN ROAD
Suite, Apt. #, etc. 22 SUITE 218	Suite, Apt. #, etc. 27 SUITE 218
City & State 23 MIAMI BEACH, FL	City & State 28 MIAMI BEACH, FL
Zip 24 33139 Country 25 USA	Zip 29 33139 Country 30 USA

3. Date Incorporated or Qualified
12/22/1994

4. FEI Number
65-0545270
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWISHER, LESLIE L
420 LINCOLN ROAD
SUITE 309
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
235 LINCOLN ROAD, SUITE 218

83 MIAMI BEACH

84 City FL 85 Zip Code 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDVT	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SWISHER, LESLIE L		1.2 NAME	
STREET ADDRESS	420 LINCOLN ROAD #309		1.3 STREET ADDRESS	235 LINCOLN ROAD, SUITE 218
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SWISHER, LESLIE L		2.2 NAME	
STREET ADDRESS	420 LINCOLN ROAD #309		2.3 STREET ADDRESS	235 LINCOLN ROAD, SUITE 218
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. 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 changed, or on an attachment with an address.

4/22/99