FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
97 JAN 28 AM 8:16
SECRETARY OF STATE

REINSTATEMENT 96
MWB 1-28-97

DOCUMENT # P95000094481 (5)

1. Corporation Name
A & R COMPUTER RENDERINGS, CORP.

Principal Place of Business: ~~141 NORTH EAST 3RD AVENUE SUITE NO. 205 MIAMI FL 33132~~

Mailing Address: ~~141 NORTH EAST 3RD AVENUE SUITE NO. 205 MIAMI FL 33132~~

3. Date Incorporated or Qualified: 12/13/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8405 Fisherman's	26 8405 Fisherman's Point Dr
Suite, Apt. #, etc. 22 Point Dr.	Suite, Apt. #, etc. 27
City & State 23 TEMPLE TERRACE	City & State 28 Temple Terrace
Zip 24 33637 Country 25	Zip 29 33637 Country 30

4. FEI Number: 65-0630425 ☐ 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

~~PIASSAROLLO, LUCIANNA~~
~~141 NORTHEAST 3RD AVENUE~~
~~SUITE NO. 205~~
~~MIAMI FL 33132~~

10. Name and Address of New Registered Agent

81 Name: AGNELLO LEICHSENRING
82 Street Address (P.O. Box Number is Not Acceptable): 8405 Fisherman's Point Dr.
83
84 City: Temple Terrace FL 85 Zip Code: 33637

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] AGNELLO LEICHSENRING 01.10.97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	~~PIASSAROLLO, LUCIANA~~	1.2 NAME	AGNELLO LEICHSENRING
STREET ADDRESS	~~141 N.E. 3RD AVE. SUITE NO 205~~	1.3 STREET ADDRESS	8405 Fisherman's Point Dr.
CITY-ST-ZIP	~~MIAMI FL 33132~~	1.4 CITY-ST-ZIP	Temple, Terrace, 33637
TITLE	☐ DELETE	2.1 TITLE	PS ☐ Change ☒ Addition
NAME		2.2 NAME	Rogério B. DE FREITAS
STREET ADDRESS		2.3 STREET ADDRESS	The same address.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	500002065845 -01/28/97--01058--001
STREET ADDRESS		4.3 STREET ADDRESS	****418.75 ****383.75
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	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ [signature] AGNELLO LEICHSENRING 01.10.97 8138991840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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