

HOPI
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 29 1998 8:00am
Secretary of State

DOCUMENT # P96000054298
1. Corporation Name

ARCHITRONICS ARCHITECT, INC.



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/24/96
Last report filed 04/10/97

4. FEI Number 65-0718631

5. Certificate of Status Desired \$8.75
Fee \$

6. Election Campaign Financing \$5.00
Trust Fund Contribution ☐ Ades

8. This corporation owes or has paid the current year in
Personal Property Tax due June 30. ☐ Yes

Principal Place of Business Mailing Address
19080 N.W. 78TH AVENUE P.O. BOX 174105
MIAMI, FLORIDA 33015 HIALEAH, FLORIDA 33017-
(Dade County)

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
ZDRAVKOVIC, GRACIELA
19080 N.W. 78TH AVENUE
MIAMI, FLORIDA 33015

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

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:
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
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature (hand or printed name of registered agent and his or her approval) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME ZDRAVKOVIC, GRACIELA
STREET ADDRESS 19080 N.W. 78TH AVENUE
CITY-ST-ZIP MIAMI, FLORIDA 33015
TITLE V
NAME ZDRAVKOVIC, WILLIAM
STREET ADDRESS 19080 N.W. 78TH AVENUE
CITY-ST-ZIP MIAMI, FLORIDA 33015
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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
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. I
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 is:
Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE DATE April 29, 1998