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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000080741 (7)

1. Corporation Name

PLANT ARCHITECTURAL RESOURCES & DESIGN GROUP, I
NC.

Principal Place of Business

Mailing Address

400 S. POINTE DR., #1906
MIAMI BEACH FL 33139

400 S. POINTE DR., #1906
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

65-0713793

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

2. Principal Place of Business

2a. Mailing Address

21 4100 N. POWERLINE RD. B3

26 4100 N. POWERLINE RD B3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 POMPANO BEACH, FLORIDA

28 POMPANO BEACH, FLORIDA

Zip

Country

Zip

Country

24 33073

25

29 33073

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALMANZAR, HERNI
400 S. POINTE DR., #1906
MIAMI BEACH FL 33139

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
ALMANZAR, HENRI
STREET ADDRESS 400 S. POINTE DR., #1906
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ DELETE

NAME SD
SWIEK, YEHODA
STREET ADDRESS 400 S. POINTE DR., #1906
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ DELETE

NAME TD
DANAN, SHALOM
STREET ADDRESS 400 S. POINTE DR., #1906
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4100 N. POWERLINE RD. B3
1.4 CITY-ST-ZIP POMPANO BEACH, FLORIDA 33073

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME SD
2.3 STREET ADDRESS ALMANZAR, HENRI
2.4 CITY-ST-ZIP 4100 N. POWERLINE RD. B3
POMPANO BEACH, FLORIDA 33073

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME TD
3.3 STREET ADDRESS ALMANZAR, HENRI
3.4 CITY-ST-ZIP 4100 N. POWERLINE RD. B3
POMPANO BEACH, FLORIDA 33073

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information furnished 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; and that I am authorized 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 in an attachment with an address.

SIGNATURE

4/20/98

(954) 973-3090

CR2E034 (10/97)