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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Morthan
Secretary of State

DIVISION OF CORPORATION 3

1996

DOCUMENT # 1. Corporation Name

421709

(7)

| | | | _ |
|-------------|----------|------------|-----|
| I ALIDERMAN | REGALADO | ARCHITECTS | INC |

| Principal Place | of Business | Mailing Address | | | | 17 0 10 51 919 11 8 1013 81014 81051 81014 81011 1001 |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 4227 W 16 HIALEAH F | | 6241 NW 110TH ST HIALEAH FL 33012 | | | | |
| US | | | | | 3. Date Incorporated or Qualified 03/22/1973 | 3a. Date of Last Report 04/13/1995 |
| 2. Principal Pla | ice of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | <u> </u> | 26 | | | 59-1470414 | Not Applicable |
| Suite, Apt. # | I, etc. | Suite, Apl. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| Zıp | Country | Ζφ | Cou | ıtry | 8. This corporation has liability for a | - |
| 24 | 25 | 29 | 30 | | Florida Statutes Yes | |
| | 9 Name and Address of Curr | ent Hegistered Agent | | B1 Name | 10. Name and Address of New R | egistered Agent |
| DEGAL | 400 (DINO D | | | | | |
| | ADO, IRVING R. | | | 82 Street Ac | dress (P.O. Box Number is Not Acceptab | (e) |
| | IW 110 ST AH FL 33012 | | | вз | | |
| ПИЦЕЛ | M FC 33012 | | 1 | | | |
| | | | 9 | 84 City | | FL 85 Zip Gode |
| 11. Pursuant to or registere familiar wit | o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Se | 02 and 607.1508, Florida Statut orida: Such change was authoriz otion 607.0505, Florida Statutes | es, the abored by the c | named corporation is be | oration submits this statement for the pur pard of directors. I hereby accept the appo | |
| SIGNATURE . | | | | | | |
| | Signature its end or printed number of registered ago | ND DIRECTORS | 11. Bey besst | ent signature requ | | FATE DIDECTORS IN 19 |
| 12. TITLE | D OFFICENS A | DELETE | 13. | | ADDITIONS/CHANGES TO OFF | Change Addition |
| NAME | REGALADO, IRVING R. | beech. | 1 2 NA | | | |
| STREET ADDRESS | 6241 N W 110 STREET | | | EFF AF OMESS | | |
| CITY - ST - ZIP | HIALEAH, FL 00000 | | 140 | -\$T-, iP | |] |
| TITLE | | ☐ DELETE | 2 1 1 | £ | | Change Addition |
| NAME | | | 2.2 NA | .16 | | |
| STREET ADDRESS | | | 2351 | EL AL DRESS | | |
| CITY-ST-ZIP | | | 2.4.01 | -ST 4P | | |
| TITLE | | DELETE | 3 1 f. | E | | ☐ Change ☐ Addition |
| NAME | | | 3 2 N | řÉ | | |
| STREET ADDRESS | | | 3 % S | SELFA LORESS | | |
| CITY - ST - ZIP | · | ···· | 3 4 Ci | ST- NP | | |
| THILE | | ☐ DELETE | 4 1 T | ,F | | Change Addition |
| NAME | | | 4.2 N | | | |
| STREET ADDRESS | | | 43 \$1 | ELL AL DRESS | | |
| CITY-SI-ZIP | | Fineres | 4 4 Ci | SI3P | | |
| TITLE | | DELETE. | 5 1 TI | | | Change Addition |
| NAME | | | 5.2 M | | | |
| STREET ADDRESS | | • | 5 3 S1 | ET ALIGRESS | | |
| CITY - ST - ZIP | | — □ DELETE | 5 4 01 | -\$1-7fP | | Change |
| TITLE | | ☐ DELETE | 6 1 1 | | | Change Addition |
| NAME Oversit Appendix | | | 6 2 NA | | | |
| STREET ADDRESS | | | 6351 | ET AL DRESS | | Ĭ |
| CITY-ST-ZIP | certify that the information supplied | d with this films is voluntarily five | 64 Ct | S1 - //P | fy for the exemption stated in Section 119 | 07(3)(k) Florida Statutes Uturther |
| cortify that | the information indicated on this ar | a color and mong to various still and | ual rocati | rua ond noc | urate and that my cional ire chall have the | como logal effect se it made under |

certify that the information indicated on this annual report or supplemental annual report oath; that I am an officer or director of the cognization or the receiver or trustee empowe appears in Block 12 or Block 13 I charged, own any transpient with an address

SIGNATURE:

bes not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further rue and accurate and that my signature shall have the same legal effect as if made under to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE A D TYPES OR PRINCED NAME OF SIGNING OFFICER OR DIREC

6.3.94

822.736°

Daytime Phone