FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # 421700



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90148 012 ***150.00

1. Corporation	n Mome							
•	IMAN, REGALADO ARCHITE	CTS, INC.						
LAUULII	MAN, HEUMENDO ANOTHIE	J (), 11 ()			THE REPORT WHEN THE PROPERTY OF THE PROPERTY O	ALOK AKON BION		
Principal Plac	e of Business	Mailing Address			- I TRANSI BIRNA ISBAN INDIN LEWIY BANZA PAZI BIANI	ALBIA DIBN GIBN	1 1 1 1 1 1 1 1 1 1	
4227 W 16TH AVE		6241 NW 110TH ST						
HIALEAH FL 33012		HIALEAH FL 33012						
US					DO NOT WRITE IN THIS	S SPACE		1
					3. Date Incorporated or Qualifed 03/22/1973			
2 Dringing! D	lace of Business	2a. Mailing Address		. — - —	4. FÉI Number		pplied For	}
2. Frincipal F	IACE OF BUSINESS	26			59-1470414	<u> </u>	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Additional	1	
12		27		5. Certifcate of Status Desired	•	Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
3		28		Trust Fund Contribution	Added	to Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Ir		•	
4	25	29	30		Personal Property Tax.	Yes	ENO.	1
	9. Name and Address of Current	Registered Agent		al N	10. Name and Address of New Registered	1 Agent		}
DEC	IALADO, IRVING R.		8	1 Name				
		8	2 Street Addr	ess (P.O. Box Number is Not Acceptable)		<u></u>		
6241 NW 110 ST HIALEAH FL 33012								}
THE	EART 1 E 00012		8	3				
			8	4 City	FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the abo	ve-named corp	oration submits this statement for the purpose con's board of directors. I hereby accept the appo		s registered	1
office or r	registered agent, or both, in the State o am familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flori	thorized b ida Statute	y the corporations.	on's board of directors. I hereby accept the appo	ontment as n	egisterea	
SIGNATURE		,						
GIGHATOINE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			ent signature require				ۇ
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO		} ;
TITLE	D DELETE		1.1 TITLE			□ Onlange		}
NAME	REGALADO, IRVING R.		1.2 NAME					8
STREET ADDRESS	6241 N W 110 STREET		li .	ET ADDRESS				١
CITY-ST-ZIP	HIALEAH, FL 00000	, FL 00000		ST-ZIP		☐ Change	Addition	1 8
TITLE	C) DETELE		2.1 TITLE 2.2 NAME					
NAME				ET ADORESS				
STREET ADDRESS			2.4 CITY					╁
CITY-ST-ZIP TITLE	☐ DELETE		3.1 TITLE			☐ Change	Addition	1
NAME	}	-	3.2 NAME	ł				1
STREET ADDRESS	}			ET ADDRESS				ļ
CITY-ST-ZIP			3.4. CITY	1				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	1
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	1		4.4 CITY-]
TITLE	☐ DELETE		5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					1
TITLE		☐ DELETE	6.1 TITLE	ĺ		Change	Addition	}
NAME			6.2 NAME					
STREET ADDRESS	(6.3 STRE	ET ADDRESS				1
CITY-ST-7IP	İ		6.4 CITY	ST-ZIP				1

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 is 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 conformation or the receiver of 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, of or an attappment with an address, with all other like empowered.

SIGNATURE:

305.822.7369