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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Jan 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 663111

(3)

TED HOFFMAN, JR. ARCHITECT P.A.

Principal Place 266 GIRALDA / CORAL GABLE	AVE.	Mailing Address 266 GIRALDA AVE, CORAL GABLES FL 33134	-5013	3. Date Incorporated or Qualified 3a. Date of Last Report 02/27/1996			
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	· · · · · · · · · · · · · · · · · · ·	pplied For	
21 1653	5.N. 224 ST		22 ST	59-1959940	 	lot Applicable	
Suite, Apt.		Suite, Apt #, etc.	WHEN WELL	5. Certificate of Status Desired	\$8.75	Additional lequired	
City & State	e w1 f ^e L.,	City & State	, , , , , , , , , , , , , , , , , , ,	6. Election Campaign Financing	\$5.00	May Be	
23 - 1-1 1-1 2ip	Country	Zip Zip	Country	Trust Fund Contribution		to Fees	
24 33120		29 33124	30 0,5	8. This corporation has liability for in Florida Statutes	ntangible tax under s Yes 🏻 No	s. 199.032,	
24 / / / -	g Name and Address of Curr		30	10. Name and Address of New Reg			
11. Pursuant t	GIRALDA AVENUE tAL GABLES FL 33134 to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was a	82 Street Addi 1053 83 84 City es, the above-named corparathorized by the corporar		FL 85 Zip	Code 1124 its registered s registered	
SIGNATURE		THE HOPEWAY	R	****	1/17/97		
12.	Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS	E: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	DATE CONTROL	DC IAI 10	
TOLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change	Addition	
NAME Street address	HOFFMAN, THEODORE D 1053 SW 22ND STREET		1.2 NAME 1.3 STREET ADDRESS			RS IN 12 Addition	
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	1.4 CITY-ST-ZIP				
NAME		m necest	2.1 TITLE		Change	Addition	
STREET ADDRESS			2.2 NAME	÷			
CITY-ST-ZIF			2.3 STREET ADDRESS	•			
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 YITLE		☐ Change	Addition	
NAME			3.2 NAME		m orango		
STREET ADORESS			3.3 STREET ADDRESS				
CITY-SI-ZIP			3.4. CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
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			54 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIF			6.4 City-St-Zip				
information I am an of	n indicated on this annual report o	r supplemental annual report is tr or the receiver or trustee empow	ue and accurate and that ered to execute this repor	3 in Section 119.07(3)(i), Florida Statutes i my signature shall have the same legal it as required by Chapter 607, Florida St	effect as if made un	idar asth that i	

TED HOPPMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR