

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 NOV -6 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J90051 (0)

1. Corporation Name

SPECIALTY INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2063 OPA-LOCKA BLVD.  
MIAMI FL 33054

2063 OPA-LOCKA BLVD.  
MIAMI FL 33054

3. Date Incorporated or Qualified

08/26/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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28

Zip

Country

Zip

Country

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30

4. FEI Number

65-0011115

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 has liability for intangible tax under s 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACK, SAMUEL  
2063 OPA LOCKA BLVD.  
MIAMI FL 33034

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

DELETE

NAME

JACK, SAMUEL

STREET ADDRESS

9951 S.W. 83 ST.

CITY-ST-ZIP

MIAMI FL

TITLE

S

DELETE

NAME

JACK, FABIA

STREET ADDRESS

9951 S. W. 83 ST.

CITY-ST-ZIP

MIAMI FL

TITLE

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or the receiver or 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, or on an attachment with an address.

SIGNATURE:

SAMUEL JACK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS</b>

FILED

96 NOV -6 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 685847

96 AR

1. Corporation Name

SANTIAGO & ASSOCIATES/ENGINEERS, INC.

Principal Place of Business

1825 PONCE DE LEON BLVD.  
SUITE 304  
CORAL GABLES FL 33134  
US

Mailing Address

1825 PONCE DE LEON BLVD.  
SUITE 304  
CORAL GABLES FL 33134  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/1980

5. FEI Number

59-2033779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SANTIAGO, EUGENIO M	1825 PONCE DE LEON BLVD., #304	CORAL GABLES FL CORAL

900002000809---1  
-11/08/96--01092--006  
\*\*\*\*200.00 \*\*\*\*200.00

JBH-7-94

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANTIAGO, EUGENIO  
327 ALHAMBRA CIRCLE, #50  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

9/17/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

EUGENIO M. SANTIAGO

Date

9/17/96 (305) 447-9493

Daytime Phone #

CR2E040 (7/96)