

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL -5 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L95119 (8)

1. Corporation Name
R. REGALADO FENCES, CORP.

Principal Place of Business Making Address
**20600 SW 198 AVE. 20600 SW 198 AVE.
MIAMI FL 33187 MIAMI FL 33187**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Making Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	State, Apt. #, etc.	22	State, Apt. #, etc.	08/22/1990	10/07/1994
23	City & State	24	City & State	4. FID Number	Applied For
25	Zip	26	Zip	65-0213572	Not Applicable
27. Certificate of Status Desired		28. FID Number (if different from 4.)		5. \$8.75 Additional Fee Required	
[]		[]		5. \$5.00 May Be Added to Fees	
29. This Corporation Files Annually for Franchise Tax Under Florida Statutes		30. Yes [] No []		6. This Corporation Files Annually for Franchise Tax Under Florida Statutes	
[] Yes [] No		[] Yes [] No		[] Yes [] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REGALADO, RAUL F. 20600 SW 198 AVE. MIAMI FL 33187				81	Name		
				82	Mailing Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	City	85	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits the 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 of Registered Agent)
 SIGNATURE: _____ (Signature of Registered Agent)
 SIGNATURE: _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	NAME	TITLE	NAME
1	PST REGALADO, RAUL F. 6342 S.W. 33RD ST MIAMI FL	1	[] Change [] Addition
2	VD REGALADO, RAUL F. 6342 S.W. 33RD ST MIAMI FL	2	[] Change [] Addition
3		3	[] Change [] Addition
4		4	[] Change [] Addition
5		5	[] Change [] Addition
6		6	[] Change [] Addition
7		7	[] Change [] Addition
8		8	[] Change [] Addition

14. I hereby certify that the information supplied with this form is accurately furnished and does not qualify for the exemption stated in Section 110.07(1)(a), Florida Statutes. I further certify that the information related 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 in person. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this form. I expect or have attachment with my name.

SIGNATURE: *Raul F. Regalado* 4/29/95 252-3766
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3/95)