

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

**APPROVED  
AND  
FILED**

95 APR 24 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000046269 (4)**

1. Corporation Name

**LOMBARDIA ENGINEERING, INC.**

Principal Place of Business

Mailing Address

2555 COLLINS AVE., SUITE 2305  
MIAMI BEACH FL 33140

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MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **06/21/1994** 3a. Date of Last Report

4. FEI Number **65-0501944** 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

2. Principal Place of Business

2a. Mailing Address

21 **2555 Collins Ave.**  
Suite, Apt. #, etc.

26 **2555 Collins Ave.**  
Suite, Apt. #, etc.

22 **Suite C-6**  
City & State

27 **Suite C-6**  
City & State

23 **Miami Beach, Florida**  
Zip Country

28 **Miami Beach, FL**  
Zip Country

24 **33140**

25 **U.S.A.**

29 **33140**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOSEPH, ALLAN A ESQ.**  
**1600 S.E. 17TH STREET**  
**SUITE 300**  
**FORT LAUDERDALE FL 33316**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

**DP**  Change  Addition  
**GIOVANNI BIANCHI**  
**Res. Andromeda, Milano 2**  
**20090 SEGRATE (MI) -ITALY**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

**DS**  Change  Addition  
**ALLAN A. JOSEPH**  
**1600 S.E. 17th Street, Ste. 300**  
**FT. LAUDERDALE, FL 33316**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

**DT**  Change  Addition  
**VIVIAN LINDEMANN**  
**2555 Collins Ave.**  
**Miami Beach, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change  Addition

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: **Vivian Lindemann, Director** *Vivian Lindemann* 04/14/95

(305)534-9750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No. #