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95 JAN 27 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000054037 (4)**

1. Corporation Name

**ALONSO'S DRAFTING SERVICES, INC.**

Principal Place of Business

4730 SW 5TH ST  
MIAMI FL 33134

Mailing Address

4730 SW 5TH ST  
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

07/21/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

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

~~ALONSO, GLORIA L  
4730 SW 5TH ST  
MIAMI FL 33134~~

B1 Name

WILLIAM F ALONSO

B2 Street Address (P.O. Box Number is Not Acceptable)

4730 SW 5 ST.

B3

B4 City MIAMI

FL

B5 Zip Code

33134

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

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME ALONSO, GLORIA L  
STREET ADDRESS % 4730 SW 5TH ST  
CITY-ST-ZIP MIAMI FL 33134

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS DELETE  
1.4 CITY-ST-ZIP

TITLE D  
NAME ALONSO, WILLIAM F  
STREET ADDRESS % 4730 SW 5TH ST  
CITY-ST-ZIP MIAMI FL 33134

2.1 TITLE  Change  Addition  
2.2 NAME DELETE  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME ALONSO, WILLIAM F  
STREET ADDRESS 4730 SW. 5 ST.  
CITY-ST-ZIP MIAMI FL 33134

3.1 TITLE  Change  Addition  
3.2 NAME ALONSO, WILLIAM F  
3.3 STREET ADDRESS 4730 SW. 5 ST.  
3.4 CITY-ST-ZIP MIAMI FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME \$ 1/31  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 addition.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number

1-11-95

448-3585