| FILE NOW: FILING FE | E AFTER MAY 1ST I | | | LED |
|--|--|---|--|--|
| CORPORATION | | RTMENT OF STATE | - | 998 8:00an |
| ANNUAL REPORT | 38° | y of State CORPORATIONS | Secretary of State | |
| OCUMENT # 3574 | · · / | | | |
| WILLIAM FRIEDMAN & ASSO | CIATES, ARCHITECTS, INC. | | A HEROKOP INTEL AND A AND A AND A AND A | |
| rincipal Place of Business | Mailing Address | | | IKI DIGULUKIN DIGULUHAN DUDU KUDU KUDU |
| 5401 SW 87 AVE 6401 SW 87 AVE MIAMI FL 33173 MIAMI FL 33173 | | | DO NOT WRITE IN THIS SPACE | |
| | | | Date Incorporated or Qualified 12/31/1969 | |
| Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | | 59-1281221 | 8.75 Additional |
| City & State | 27 City & State | | 5. Certificate of Status Desired | Fee Required |
| | 28 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country 25 | Zıp 29 | 30 | B. This corporation owes or has pa Personal Property Tax due June | 30. Yes No |
| 9. Name and Address of C FRIEDMAN, WILLIAM | Jurrent Hegistered Agent | 81 Name | 10. Name and Address of New Re | sgistered Agent |
| 6401 SW 87 AVENUE | | 82 Street Add | Iress (P.O. Box Number is Not Acceptal | ble) |
| MIAMI FL 33173 | | 83 | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| Pursuant to the provisions of Sections 60 office or registered agent or both in the | 07.0502 and 607.1508, Florida Statute | 84 City as, the above-named cor | poration submits this statement for the j | FL 85 Zip Code |
| office or registered agent, or both, in the agent. I am familiar with, and accept the | State of Florida. Such change was a obligations of, Section 607.0505, Flo | as, the above-named cor | ation's board of directors. I hereby acce | FL |
| office or registered agent, or both, in the agent. I am familiar with, and accept the GNATURE Signature, hpped or printed name of registe . OFFICEF | State of Florida Such change was a obligations of, Section 607.0505, Flo and spent and title if applicable (NOTE RS AND DIRECTORS | es, the above-named cor authorized by the corpora trida Statutes. Registered Agent signature requ 13. | ation's board of directors. I hereby acce | DATE CERS AND DIRECTORS IN 12 |
| office or registered agent, or both, in the agent, I am familiar with, and accept the GNATURE Signature, typed or purched name of register. OFFICEF | State of Florida. Such change was a obligations of, Section 607.0505, Flo ered spent and title if applicable (NOTE | as, the above-named cor authorized by the corpora rrida Statutes. | ition's board of directors. I hereby acce | PL |
| office or registered agent, or both, in the agent, I am familiar with, and accept the GNATURE Signature, hyped or perited name of registe OFFICEF LE PD FRIEDMAN, WILLIAM REET ADDRESS 6401 SW 87 AVE | State of Florida Such change was a obligations of, Section 607.0505, Flo and spent and title if applicable (NOTE RS AND DIRECTORS | as, the above-named cor authorized by the corpora vrida Statutes. E Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ition's board of directors. I hereby acce | DATE CERS AND DIRECTORS IN 12 |
| office or registered agent, or both, in the agent. I am familiar with, and accept the SIATURE Signature, hyped or period name of registe OFFICEF & PD AE FRIEDMAN, WILLIAM EET ADDRESS 6401 SW 87 AVE Y-S1-ZIP MIAMI FL | State of Florida Such change was a obligations of, Section 607.0505, Flo and spent and title if applicable (NOTE RS AND DIRECTORS | as, the above-named cor authorized by the corpora prida Statutes. Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME | ition's board of directors. I hereby acce | DATE CERS AND DIRECTORS IN 12 |
| office or registered agent, or both, in the agent. I am familiar with, and accept the SINATURE ESIGNATURE EEE PD FRIEDMAN,WILLIAM 6401 SW 87 AVE (-SI-ZIP MIAMI FL EE V IEE V IEE TADDRESS CALON MANUEL | State of Florida Such change was a obligations of, Section 607.0505, Flo areat spent and title if applicable (NOTE SAND DIRECTORS DELETE DELETE DELETE | as, the above-named cor authorized by the corpora vrida Statutes. E Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | ition's board of directors. I hereby acce | PL Purpose of changing its registeree pt the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Additio |
| office or registered agent, or both, in the agent. I am familiar with, and accept the SINATURE Signature, typed or printed name of registe OFFICEF & PD AE FRIEDMAN,WILLIAM 6401 SW 87 AVE MIAMI FL E V AE TAPIA RUANO, MANUEL 6401 SW 87 AVE | State of Florida Such change was a obligations of, Section 607.0505, Flo areat spent and title if applicable (NOTE SAND DIRECTORS DELETE DELETE DELETE | as, the above-named cor authorized by the corpora yrida Statutes. E Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | ition's board of directors. I hereby acce | PL Purpose of changing its registeree pt the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Additio |
| office or registered agent, or both, in the agent. I am familiar with, and accept the SINATURE ESIGNATURE EET ADDRESS FRIEDMAN,WILLIAM 6401 SW 87 AVE MIAMI FL EET ADDRESS 6401 SW 87 AVE TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL EET ADDRESS 6401 SW 87 AVE MIAMI FL EET ADDRESS 6401 SW 87 AVE | State of Florida Such change was a obligations of, Section 607.0505, Flo areat spent and title if applicable (NOTE SAND DIRECTORS DELETE DELETE DELETE | as, the above-named cor authorized by the corpora virida Statutes. E Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE | ition's board of directors. I hereby acce | PL Purpose of changing its registeree pt the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Additio |
| office or registered agent, or both, in the agent. I am familiar with, and accept the SINATURE Signature, typed or pursed name of registe OFFICEF & PD #E FRIEDMAN, WILLIAM 6401 SW 87 AVE (-SI-ZIP MIAMI FL E V #E TAPIA RUANO, MANUEL 6401 SW 87 AVE (-SI-ZIP MIAMI FL E ADDRESS 6401 SW 87 AVE (-SI-ZIP MIAMI FL E ADDRESS 6401 SW 87 AVE (-SI-ZIP MIAMI FL | State of Florida Such change was a obligations of, Section 607.0505, Flo area spent and title if anyticable (NOTE IS AND DIRECTORS DELETE DELETE DELETE | as, the above-hamed cor authorized by the corpora virida Statutes. E Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | ition's board of directors. I hereby acce | PL Purpose of changing its registeree pt the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Additio Change Additio |
| office or registered agent, or both, in the agent, I am familiar with, and accept the SINATURE Signature, typed or pursed name of registe PD AE EACTOR FRIEDMAN, WILLIAM 6401 SW 87 AVE FRIEDMAN, WILLIAM 6401 SW 87 AVE FADIAE EET ADDRESS 6401 SW 87 AVE FADIAE EET ADDRESS 6401 SW 87 AVE MIAMI FL E AE EET ADDRESS | State of Florida Such change was a obligations of, Section 607.0505, Flo area spent and title if anyticable (NOTE IS AND DIRECTORS DELETE DELETE DELETE | as, the above-named cor authorized by the corpora virida Statutes. E Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE | ition's board of directors. I hereby acce | PL Purpose of changing its registeree pt the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Additio Change Additio |
| office or registered agent, or both, in the agent. I am familiar with, and accept the SINATURE ESIGNATURE Signature, typed or purched name of register PD FRIEDMAN,WILLIAM 6401 SW 87 AVE MIAMI FL EE V AE TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL EE ADDRESS 6401 SW 87 AVE MIAMI FL E MIAMI FL E ADDRESS 6401 SW 87 AVE MIAMI FL E ADDRESS 6401 SW 87 AVE MIAMI FL E | State of Florida Such change was a obligations of, Section 607.0505, Flo area spent and title if anyticable (NOTE IS AND DIRECTORS DELETE DELETE DELETE | as, the above-named cor authorized by the corpore authorized Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE | ition's board of directors. I hereby acce | PL Purpose of changing its registeree pt the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Additio Change Additio |
| office or registered agent, or both, in the agent. I am familiar with, and accept the SINATURE Signature, typed or purched name of registe OFFICEF E PD FRIEDMAN,WILLIAM 6401 SW 87 AVE MIAMI FL E V AE TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL E MIAMI FL E MIAMI FL E ADDRESS 6401 SW 87 AVE MIAMI FL E ADDRESS 6401 SW 87 AVE MIAMI FL E ADDRESS (-S1-2IP | State of Florida Such change was a obligations of, Section 607.0505, Flo aread agent and title if anyticable (NOTE IS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE | as, the above-named cor authorized by the corpora virida Statutes. E Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the agent. I am familiar with, and accept the SIATURE Signature, brood or printed name of registe OFFICEF PD FRIEDMAN, WILLIAM 6401 SW 87 AVE FRIEDMAN, WILLIAM 6401 SW 87 AVE Y-SI-ZIP MIAMI FL E E ME EET ADDRESS Y-SI-ZIP MIAMI FL E E ME EET ADDRESS Y-SI-ZIP | I State of Florida Such change was a obligations of, Section 607.0505, Flo aread agent and title if anyticable IS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE | as, the above-named cor authorized by the corpore authorized Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the agent. I am familiar with, and accept the GNATURE Signature, byped or punked name of registe D. OFFICEF V. OFFICEF V. OFFICEF V. OFFICEF V. OFFICEF PD FRIEDMAN,WILLIAM 6401 SW 87 AVE MIAMI FL LE V WE TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE | State of Florida Such change was a obligations of, Section 607.0505, Flo aread agent and title if anyticable (NOTE IS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE | as, the above-named cor authorized by the corpora virida Statutes. E Registered Agent signature requining 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the agent. I am familiar with, and accept the GNATURE Signature, byped or punked name of registe C. OFFICEF ILE PD FRIEDMAN, WILLIAM 6401 SW 87 AVE MIAMI FL ILE V TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL ILE MIAMI FL | I State of Florida Such change was a obligations of, Section 607.0505, Flo aread agent and title if anyticable IS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE | as, the above-named cor authorized by the corpora virida Statutes. E Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the agent. I am familiar with, and accept the GNATURE Signature, byped or punced name of register . OFFICEF VE PD FRIEDMAN,WILLIAM 6401 SW 87 AVE MIAMI FL LE V WE TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL LE V ME TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL LE MIAMI FL | I State of Florida Such change was a obligations of, Section 607.0505, Flo aread agent and titlo if anyticable IS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE | as, the above-named cor authorized by the corpora virida Statutes. E Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the agent, I am familiar with, and accept the GNATURE Signature, byped or printed name of registe 2. OFFICEF PD ME FRIEDMAN, WILLIAM 6401 SW 87 AVE MIAMI FL LE V ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE | I State of Florida Such change was a obligations of, Section 607.0505, Flo aread agent and title if anyticable IS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE | as, the above-named cor authorized by the corpore yrida Statutes. E Registered Agent signature requined 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE | ition's board of directors. I hereby acce | |
| GNATURE Signature, typed of privad name of registe C. OFFICEF ILE PD ME FRIEDMAN, WILLIAM 6401 SW 87 AVE MIAMI FL LE V ME TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL LE V ME TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL LE ME REET ADDRESS IY-ST-ZIP LE ME | I State of Florida Such change was a obligations of, Section 607.0505, Flo aread agent and titlo if anyticable IS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE | as, the above-named cor authorized by the corpore yrida Statutes. E Registered Agent signature requined 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the agent, I am familiar with, and accept the GINATURE Signature, byped or purked name of registe 2. OFFICEF UE PD FRIEDMAN, WILLIAM 6401 SW 87 AVE MIAMI FL UE V ME TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL UE V ME TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL UE MIAMI FL | I State of Florida Such change was a obligations of, Section 607.0505, Flo aread agent and title if anyticable (NOTE SAND DIRECTORS DELETE | as, the above-named cor authorized by the corpore yrida Statutes. Registered Agent signature requined 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | nion's board of directors. I hereby acce | |
| office or registered agent, or both, in the agent. I am familiar with, and accept the GNATURE Signature, byped or punced name of register . OFFICEF VE PD FRIEDMAN, WILLIAM 6401 SW 87 AVE MIAMI FL LE V WE TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL LE V ME TAPIA RUANO, MANUEL 6401 SW 87 AVE MIAMI FL LE MIAMI FL | I State of Florida Such change was a obligations of, Section 607.0505, Fic aread agent and title if anyticable I SAND DIRECTORS I DELETE | as, the above-hamed cor authorized by the corpore authorized Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1.1 TITLE 1.1 TITLE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.1 | tion's board of directors. I hereby acce ired when reinstaing) ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO OFFI | |