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**PROFIT** CORPORATION **ANNUAL REPORT** 

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 568727

FEINBERG & ASSOCIATES A.I.A. ARCHITECTS P.A.

Principal Place of Business Mailing Address 4960 SW 72 AVE 4980 SW 72 AVE SUITE 106 MIAMI FL 83155 SUITE 908 MIAMI FL 33155-5550 3. Date Incorporated or Qualified 3a. Date of Last Report 04/09/1996 04/17/1978 2. Principal Place of Business 4. FE! Number 2a. Mailing Address Applied For 59-1818775 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FEINBERG, DAVID JAY 9161 CARIBBEAN BLVD. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157 B3** 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PDC ☐ DELETE 1.1 TITLE Change Addition TITLE FEINBERG, DAVID JAY NAME 1.2 NAME 9161 CARIBBEAN BLVD. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 C(TY - ST - Z)P SDT DELETE Change Addition TITLE 21 TITLE FEINBERG, HANNELORE 2.2 NAME 9161 CARIBBEAN BLVD. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE ANTONIO M HEVIA NAME 3.2 NAME 7178 SW 103RD CT. CIRCLE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE PALENZUELA, EUGENE NAME 4. 2 NAME 13282 S.W. 119TH TERRACE STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 \$1REET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Too hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 5 1007 305-668-9232

**FILED** 

Mar 13 1997 8:00am

Secretary of State