FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F07703 1. Corporation Name

F & F/FRAGA AND FEITO ARCHITECTS AND PLANNERS, I

NC.											
Principal Plac	ce of Business	Mailing	Address					18818 88188 1111 B1811 1	HERI BIRN DIRI		
3900 NW 79TH AVENUE 3900 NW 79TH AVENUE											
SUITE 219 SUITE 219							DO NOT WRITE IN THIS SPACE				
MIAMI FL 33166 MIAMI FL 33166							3. Date Incorporated or Qualifed				
1							12/03/1980	amou		i	
2. Principal P	Place of Business	2a. Mai	ling Address				4. FEI Number		T Ap	plied For	
21	•	26	•				59-2051871		— — — —	t Applicable	.:
Suite, Apt.	. #, etc.	Suit	te, Apt. #, etc.					red 🏝	\$8.75	Additional	٠.
22 City 8: State		27					5. Certifcate of Status Desir	eu 1-1	Fee.Re	quired	
City & Stat	te	_ ⊢ ′	& State				6. Election Campaign Finar	cing	\$5.00		
23	0	28					Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip			ountry		8. This corporation owes the	e current year Int	-	Пи-	
24	9. Name and Address of Curre	29	A Agent	30			Personal Property Tax. 10. Name and Address of I	low Posietored	Yes	□No	
	3. Name did Address of Curren	in vediareier	Agent		81	Name	To. Name and Address of	vew Vedistelen	Agent		
FEIT	TO, JOSE										
િંે 390 0	O NW 79TH AVENUE			,	82	Street Add	dress (P.O. Box Number is Not A	cceptable)			
i Mar Sun	TE 219				83				1 1		
j MIA	MI FL 33166		•	,					1 - 1 - 2		
					84	City	· · · · · · · · · · · · · · · · · · ·	· FL	85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.15	508, Florida Statute	es, the	above	-named con	poration submits this statement for	or the purpose of	changing its	registered	
i minima office or r	registered agent, or both, in the State	of Florida. Su	uch change was al	uthoriz	red by i		ion's board of directors. I hereby	accept the appoir	ntment as reg	gistered	
agent: l'a	am familiar with, and accept the obliga	ations of, Sect	tion 607.0505, Flo	rida St	tatutes.	ule corporati	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	•		
agent: ra	am tamiliar with, and accept the obliga	ations of, Seci	tion 607.0505, Fio	nda St	atutes.			•	·		
SIGNATURE	am familiar with, and accept the obligation states age.	ations of, Sect	able. (NOTE:	Register	red Agent		ed when reinstating)	DATE			(0)
SIGNATURE	am ramiliar with, and accept the obligation of registered age OFFICERS AN	ations of, Sect	able. (NOTE:	Register	red Agent		ed when reinstating) ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12	1/08)
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	ations of, Sect	able. (NOTE:	Register	red Agent 3.		ed when reinstating)	DATE			(44/08)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PDS FEITO, JOSE	ations of, Sect	able. (NOTE:	Register	red Agent 3. ITITLE NAME	signature require	ed when reinstating) ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12	034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PDS FEITO, JOSE 3507 ESTEPONA	ations of, Sect	able. (NOTE:	1.1 1.2 1.3	red Agent 3. ITITLE NAME	signature require	ed when reinstating) ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12	OE034 (41/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PDS FEITO, JOSE	ations of, Sect	able. (NOTE:	Register 13 1.1 1.2 1.3 1.4	red Agent 3. I TITLE NAME STREET	signature require	ed when reinstating) ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12	CD2E034 (41/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PDS FEITO, JOSE 3507 ESTEPONA	ations of, Sect	able. (NOTE:	Register 13 1.1 1.2 1.3 1.4 2.1	red Agent 3. ITITLE NAME	signature require	ed when reinstating) ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12	CD2E034 (41/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typod or printed name of registered age OFFICERS AN PDS FEITO, JOSE 3507 ESTEPONA MIAMI FL 33178-2952	ations of, Sect	able. (NOTE:	Register	red Agent 3. ITITLE NAME STREET CITY-ST ITITLE	signature require	ed when reinstating) ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12	CD2E024 (44/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typod or printed name of registered age OFFICERS AN PDS FEITO, JOSE 3507 ESTEPONA MIAMI FL 33178-2952	ations of, Sect	able. (NOTE:	Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3	red Agent 3. ITITLE NAME STREET CITY-ST ITITLE	ADDRESS -ZIP ADDRESS	ed when reinstating) ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12	CD2E034 (41/08)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PDS FEITO, JOSE 3507 ESTEPONA MIAMI FL 33178-2952	ations of, Sections and title if applic	able. (NOTE:	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	red Agent 3. ITITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET NAME STREET	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	ed when reinstating) ADDITIONS/CHANGES T	DATE	D DIRECTO Change Change	RS IN 12	CD2E034 (41/08)
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14. I 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 report of 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 changes, or on an effective members, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90060 008 ***158.75