FILED Apr 21, 1999 8:00 am Secretary of State

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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**

1. Corporation	MENT # F59235 Cetti architects/Planne	ers, p. a.			
Principal Place	of Business	Mailing Address			
•					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
		Mailing Address 7134 S.W. 117TH AVENUE MIAMI FL 33183 US 2a. Mailing Address 2ai 2ai 2ai 2ai 2ai 2ai 2ai 2a	12/22/1981		
2. Principal Plants	ace of Business	-			59-2142678 Not Applicable
Suite, Apt. 1	#, etc.		Be-		-5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	\vdash	•		1
Zip	Country 25	Zip		ry	
24	1=-1		<u>v </u>		
	9. Halle alla Address of Collett	Registered Agent		1 Name	10, 11110
LOTSPEICH, BRADSHAW 950 S. MIAMI AVE. MIAMI FL 33130			Ľ	<u> </u>	ddress (P.O. Box Number is Not Acceptable)
			8	34 City	FI 85 Zip Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State of	r Florida. Such change was aut ons of, Section 607.0505, Floric	nonzed i la Statut	es.	ation's board of directors. Thereby accept the appointment as registered
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITU	E	☐ Change ☐ Additi
NAME	PACETTI, RICHARD M.		1.2 NAM	E	
STREET ADDRESS	7981 SW 36TH TERRACE		1.3 STRI	EET ADDRESS	
CITY-\$T-ZIP	MIAMI FL		1.4 CITY	-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 ∏∏	E .	☐ Change ☐ Additi
NAME !	SAEZ, DIEGO		2.2 NAM	E	
STREET ADDRESS	3926 UPTOPIA COURT		2.3 STR	EET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CIT	Y-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITL	E	☐ Change ☐ Additi
NAME	CANINO, LORETTA R		3.2 NAM	E	•
1 5	1137 BEAVERBROOK LN		3.3 STR	EET ADDRESS	
CITY-ST-ZIP	DESOTO TX				
TITLE	STD	☐ DELETE	•		☐ Change ☐ Additi
NAME	PACETTI, KATHRYN		4. 2 NAA	Æ .	
STREET ADDRESS	7981 SW 36 TERR				
CITY-ST-ZIP	MIAMI FL		1		
TITLE	1710 UPU 1 %	☐ DELETE			☐ Change ☐ Additi
NAME		_			
STREET ADDRESS			5.3 STR	EET ADDRESS	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	

CITY-ST-ZIP 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 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 address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

305-274.99×9

Change

Addition