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Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J99408 (3)

1. Corporation Name  
ALFREDO M. CARBONELL, P.E., INC.

Principal Place of Business

9655 SO DIXIE HWY  
#102  
MIAMI FL 33156  
US

Mailing Address

9655 SO DIXIE HWY  
#102  
MIAMI FL 33156-2813  
US



2. Principal Place of Business

21 4555 Ponce de Leon Blvd  
Suite, Apt. #, etc.

22 #101

City & State

23 Coral Gables Fl.

Zip Country

24 33146 25 Dade

2a. Mailing Address

26 4555 Ponce de Leon Blvd.  
Suite, Apt. #, etc.

27 #101

City & State

28 Coral Gables Fl.

Zip Country

29 33146 30 Dade

3. Date Incorporated or Qualified  
10/23/1987

3a. Date of Last Report  
06/11/1996

4. FEI Number

65-0014997

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

CARBONELL, ALFREDO M.  
9655 S DIXIE HWY  
STE 102  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

Carbonell, Alfredo M.

82

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

4555 Ponce de Leon Blvd.

83

84 City

Coral Gables

FL

85 Zip Code

33146

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 typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME CARBONELL, ALFREDO M.  
STREET ADDRESS 9655 SO DIXIE HWY #102  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Carbonell, Alfredo M.  
1.3 STREET ADDRESS 4555 Ponce de Leon Blvd #101  
1.4 CITY-ST-ZIP Coral Gables Fl. 33146

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97 305-669-4796

Date

Daytime Phone #

CR2E034 (9/96)