PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K02781

1, Corporation Name

ALFONSO ARCHITECTS, INCORPORATED

Principal	Place	of	Business	

Mailing Address

FILED Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90041 031 ***158.75



105 n 16th Street Ampa Fl 33605		1705 N 16TH STREET TAMPA FL 33805					
						3. Date Incorporated or Qualified 11/17/1987	
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
		26				59-2861037 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	e	City & State		_		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip 3	Coun	try		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ▼No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent	
A1 E2	NIGO 040100 1			81	Name	•	
ALFONSO, CARLOS J 1705 N. 16TH STREET				82	Street A	ddress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33605			1	83			
			<u> </u>	84	City	85 Zip Code	
						corporation submits this statement for the purpose of changing its registered	
		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
·	PD	□ DELETE	1.1 TITL	E .	Т	Change Addition	
_	ALFONSO, CARLOS J.		1.2 NAM	4E			
_I ADDRESS	207 N. TRASK ST.		1.3 STR	EET A	ADDRESS		
ST. ZIP	TAMPA FL		1,4 CIT)	/-ST-	ZIP		
	STD	☐ DELETE	2.1 TITL	.E		☐ Change ☐ Addition	
-	ALFONSO, ALBERT E.		2.2 NAM	Æ	{		
L BERMINE	13518 WESTSHIRE DRIVE		2.3 STR	EET A	ADDRESS		
ST-ZIP	TAMPA FL		2.4 CIT	Y-ST	-ZIP		
	D	☐ DELETE	3.1 TITL	£		Change Addition	
- [DEL MONTE, ANGEL		3.2 NAW	4E	T.	Del monte, Angel 13519 West Shire Dr.	
· I ADDRESS	15210 AMBERLY DR. #1022		3.3 STR	EET A	ADDRESS	13519 Westshire Br.	
-ST-ZIP	TAMPA FL		3.4. CIT		- ZIP .	TAMPA FI.	
		☐ DELETE	4.1 TITL	E	{	☐ Change ☐ Addition	
			4. 2 NA				
_ r address			4.3 STR	EET A	ADORESS		
ST ZIP			4.4 CIT		ZiP	CT Addition	
-	☐ DELETE	5.1 TITLE 5.2 NAME			Change Addition		
}	•		1		ADDRESS		
LACIDALISS			5.4 CITY				
ST ZIP		☐ DELETE	6.1 TITL		ZIF*	Change Addition	
·		C Detete	6.2 NAM			· Countries California	
					ODRESS		
. I ADDRESS							
CT 71D			6.4 CITY	· 51-	ZIP	•	

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.

---NATURE:

Albert E. Alfonso