

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

FILED

Mar 19 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 # **K16036**
1. Corporation Name

PUENTE & PILA ASSOCIATES IN DESIGN, INC.

Principal Place of Business 244 VALENCIA AVENUE CORAL GABLES, FL 33134	Mailing Address 244 VALENCIA AVENUE CORAL GABLES FL 33134
--	---

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/29/1988	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0029660	Applied For ☐ Not Applicable ☒
City & State 23	City & State 28	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
Zip 24	Country 25	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

**PUENTE, MARTHA E.
620 CAMILO AVE
CORAL GABLES, FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 *Martina E. Puente* **MARTHA E. PUENTE** **03/11/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	☐ Change ☐ Addition
NAME	PUENTE, MARTHA E.	1.2 NAME	
STREET ADDRESS	555 CRANDON BLVD. #51	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY-BISCAYNE FL	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	☐ Change ☐ Addition
NAME	PILA, BEATRICE A.	2.2 NAME	
STREET ADDRESS	5285 S.W. 64TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Martina E. Puente*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97

(305) 446 3313

CR2E034 (9/96)