

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90027 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K41433

1. Corporation Name
GUSTAVO J. CARBONELL ARCHITECT/PLANNER, P.A.

Principal Place of Business 109 N.W. 2ND AVE. FT. LAUDERDALE FL 33311	Mailing Address 109 N.W. 2ND AVE. FT. LAUDERDALE FL 33311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1457 N.E. 4th Avenue Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale FL Zip Country 24 33304 25 USA		2a. Mailing Address 26 1457 N.E. 4th Avenue Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale FL Zip Country 29 33304 30 USA		3. Date Incorporated or Qualified 10/27/1988	4. FEI Number 65-0081330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent ASLANIAN, GEORGE H. JR. 2803 EAST COMMERCIAL BLVD. FT. LAUDERDALE FL 33308				10. Name and Address of New Registered Agent					
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City		85 Zip Code	
						FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST CARBONELL, GUSTAVO J. <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONELL, GUSTAVO J.	1.2 NAME	
STREET ADDRESS	109 N.W. 2ND AVE.	1.3 STREET ADDRESS	1457 N.E. 4th Avenue
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Fort Lauderdale FL 33304
TITLE	D CARBONELL, GUSTAVO J. <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONELL, GUSTAVO J.	2.2 NAME	
STREET ADDRESS	109 N.W. 2ND AVE.	2.3 STREET ADDRESS	1457 N.E. 4th Avenue
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	Fort Lauderdale FL 33304
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 2 or Block 13 if changed, or on an attached form with an address, with all other like empowered.

SIGNATURE: X Gustavo J. Carbonell 4/23/99 (954) 462-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)