

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000005329 (7)

1. Corporation Name

MARCET RIBAR Ikegami Architectural Group, Inc.



Principal Place of Business

1802 SOUTH FISKE BLVD.
SUITE 108
ROCKLEDGE FL 32955

Mailing Address

1802 SOUTH FISKE BLVD.
SUITE 108
ROCKLEDGE FL 32955

2. Principal Place of Business

21 211 S. Bumby Ave
Suite, Apt. #, etc.

22 City & State

23 Orlando FL

24 Zip

32803

Country

25 Orange

2a. Mailing Address

26 211 S. Bumby Ave
Suite, Apt. #, etc.

27 City & State

28 Orlando, FL

29 Zip

32803

Country

30 Orange

3. Date Incorporated or Qualified

11/12/1992

3a. Date of Last Report

02/01/1995

4. FEI Number

59-3151534

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

MARCET, CARLOS A
1802 SOUTH FISKE BLVD.
SUITE 108
ROCKLEDGE FL 32955

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

Signature typed or printed name of registered agent and the corporation

(BLOCK) Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME MARCET, CARLOS A
STREET ADDRESS 1802 S. FISKE BLVD., SUITE 108
CITY-STATE-ZIP ROCKLEDGE FL 32955

TITLE ☐ DELETE

S
NAME RIBAR, JOHN L.
STREET ADDRESS 1802 S. FISKE BLVD., SUITE 108
CITY-STATE-ZIP ROCKLEDGE FL 32955

TITLE ☐ DELETE

VP
NAME IKEGAMI, PETE M
STREET ADDRESS 211 S BUMBY AVE
CITY-STATE-ZIP ORLANDO FL 32803

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Carlos A. Marcet
Signature and typed or printed name of signing officer or director
Carlos A. Marcet President

1/26/96

407-895-6646
Daytime Phone #

CR2E034 (12/95)