

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

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**Feb 25 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 # P93000048640 (5)**  
1. Corporation Name  
**ALLIED BUILDING INSPECTION SERVICES, INC.**



Principal Place of Business: **8040 SW 132ND STREET SUITE 201 MIAMI FL 33156 US**

Mailing Address: **8040 SW 132ND STREET SUITE 201 MIAMI FL 33156-6720 US**

3. Date Incorporated or Qualified: **07/01/1993**

3a. Date of Last Report: **04/16/1996**

4. FEI Number: **65-0424560**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**MICALI, JOHN S  
7000 S.W. 65TH AVENUE  
~~MIAMI FL 33149~~**

**8040 SW 132 ST  
MIAMI, FL 33156**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

DELETE

1. TITLE: **D**

2. NAME: **MICALI, JOHN S**

3. STREET ADDRESS: **7000 S.W. 65TH AVENUE, #82**

4. CITY - ST - ZIP: **MIAMI FL 33149**

5. TITLE: \_\_\_\_\_

6. NAME: \_\_\_\_\_

7. STREET ADDRESS: \_\_\_\_\_

8. CITY - ST - ZIP: \_\_\_\_\_

9. TITLE: \_\_\_\_\_

10. NAME: \_\_\_\_\_

11. STREET ADDRESS: \_\_\_\_\_

12. CITY - ST - ZIP: \_\_\_\_\_

13. TITLE: \_\_\_\_\_

14. NAME: \_\_\_\_\_

15. STREET ADDRESS: \_\_\_\_\_

16. CITY - ST - ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

1.1 TITLE: \_\_\_\_\_

1.2 NAME: \_\_\_\_\_

1.3 STREET ADDRESS: \_\_\_\_\_

1.4 CITY - ST - ZIP: \_\_\_\_\_

2.1 TITLE: \_\_\_\_\_

2.2 NAME: \_\_\_\_\_

2.3 STREET ADDRESS: \_\_\_\_\_

2.4 CITY - ST - ZIP: \_\_\_\_\_

3.1 TITLE: \_\_\_\_\_

3.2 NAME: \_\_\_\_\_

3.3 STREET ADDRESS: \_\_\_\_\_

3.4 CITY - ST - ZIP: \_\_\_\_\_

4.1 TITLE: \_\_\_\_\_

4.2 NAME: \_\_\_\_\_

4.3 STREET ADDRESS: \_\_\_\_\_

4.4 CITY - ST - ZIP: \_\_\_\_\_

5.1 TITLE: \_\_\_\_\_

5.2 NAME: \_\_\_\_\_

5.3 STREET ADDRESS: \_\_\_\_\_

5.4 CITY - ST - ZIP: \_\_\_\_\_

6.1 TITLE: \_\_\_\_\_

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:  DATE: **2/22/97** DAYLIFE FEE # **234-7397**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)