

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 # P93000054333 (8)

1. Corporation Name

THOMAS GREG & SONS, INC.



Principal Place of Business

Mailing Address

2277 NW 82ND AVE  
MIAMI FL 33126

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MIAMI FL 33126

3. Date Incorporated or Qualified  
07/26/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 16290 N.W. 13th AVENUE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 MIAMI, FLORIDA

28

Zip

Country

Zip

Country

24 33169

25

29

30

4. FEI Number

65-0429337

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

10. Name and Address of New Registered Agent

BRICKELL REGISTERED AGENTS, INC.  
1395 BRICKELL AVE  
THIRD FLOOR  
MIAMI FL 33131

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DR. CHARLES GOODSON-WICKES MP  
STREET ADDRESS FLAT 23 37 ST. JAMES PLACE  
CITY-ST-ZIP LONDON SW1 1NS EN

TITLE D ☐ DELETE  
NAME BAUTISTA, FELIPE  
STREET ADDRESS CARRERA SEXRA NO 3444  
CITY-ST-ZIP BOGOTA COLOMBIA

TITLE D ☒ DELETE  
NAME PATRICK OPIESEN  
STREET ADDRESS 30 WEST MASHA DR STE 405  
CITY-ST-ZIP KEY BISCAYNE FL

TITLE D ☐ DELETE  
NAME BRIAN SUMMERHAYES  
STREET ADDRESS AVENIDA DE LAS AMERICAS NO. 44-57  
CITY-ST-ZIP SANTA FE DE BOGOTA CO

TITLE D ☒ DELETE  
NAME SALMAN RAKOS  
STREET ADDRESS 2277 NW 82ND AVE  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME ROBERT ALLSOPP  
1.3 STREET ADDRESS 4001 S.W. 102nd Avenue  
1.4 CITY-ST-ZIP Davie, FL 33328

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT ALLSOPP

Date

Daytime Phone #

4/23/96 (305) 626-9000

CR2E034 (12/95)