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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000003086 (2)

MARIA T. FAJARDO DESIGN ASSOCIATES, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Plac					}		
Principal Place of Business		Mailing Address				#111 #4111 # #1 1## 111111 #1	
10875 SW 28 ST MIAMI FL 33165		10875 SW 28 ST					
		MIAMI FL 33165			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					01/09/1995		
2. Principal Place of Business		28. Mailing Addres	SS		4. FEI Number		Applied For
21		26	· · · · · · · · · · · · · · · · · · ·		65-0560323		Not Applicable
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	1 1	. 75 Additional ee Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has pa		ar Intangible
24	25	29	30		Personal Property Tax due June		□ No
		Current Registered Agent	<u>-</u>		10. Name and Address of New Re	egistered Ağent	
	JARDO, MARIA T		}'	81 Name			
	87 5 S W 28 ST		Ţ	82 Street Add	ress (P.O. Box Number is Not Accepta	bie)	
ML	AMI FL 33165		ļ.	33			
			J ʻ	93			
			1	34 City		FL 85	Zip Code
office or r	egistered agent, or both, in the	ie State of Horida. Such change in obligations of Section 607.06	o was authorized	by the corpora	poration submits this statement for the nion's board of directors. I hereby acce	purpose or chang ept the appointme	int as registered
agent. I a SIGNATURE							
SIGNATURE	Signature, typed re-protect came of re-p-	den it are a flance tide of hopply of de	(NOTE: Registered)		red when reinstating)	DATE	
SIGNATURE	Signature, typed or ported ware of region OFFICE	eten dieg af and than trippts in te	(NOTE: Registered)	Agent signature requ		DATE CERS AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE	Signature, typed in pointed is min to be just of FLICE	den it are a flance tide of hopply of de	(NOTE: Registered) 13. ETE 1.1 TITE	Agent signature requi	red when reinstating)	DATE	CTORS IN 12
SIGNATURE 12. TITLE NAME	Signature: lyped re-pricted issenic of trus OFFICE PSD FAJARDO, MARIA T	eten dieg af and than trippts in te	(NOTE: Registered) 13. ETE 1.1 THE 1.2 NAM	Agent signature requi	red when reinstating)	DATE CERS AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	eten dieg af and than trippts in te	(NOTE: Registroad) 13, ETE 1.1 TITL 1.2 NAN 1.3 STR	Agent signature requi	red when reinstating)	DATE CERS AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE NAME	Signature: lyped re-pricted issenic of trus OFFICE PSD FAJARDO, MARIA T	eten dieg af and than trippts in te	(NOTE Registered) 13, ETE 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITY	Aperil signature required to the signature r	red when reinstating)	DATE CERS AND DIRE	CTORS IN 12 ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	etenci equitantita et implicable RS AND DIRECTORS DELE	(NOTE Registered) 13. ETE 1.1 THE 1.2 NAM 1.3 STR 1.4 CH	Agent signature required to the signature re	red when reinstating)	DATE CERS AND DIRE	CTORS IN 12 ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	etenci equitantita et implicable RS AND DIRECTORS DELE	INOTE Registered. 13. ETE 1.1 THE 1.2 NAM 1.3 STR 1.4 CHY ETE 2.1 THE 2.2 NAM	Agent signature required to the signature re	red when reinstating)	DATE CERS AND DIRE	CTORS IN 12 ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	etenci equitantita et implicable RS AND DIRECTORS DELE	INOTE Registered. 13. ETE 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	Agent signature required E E LET ADDRESS (-ST-ZIP) E	red when reinstating)	DATE CERS AND DIRE	CTORS IN 12 ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	etenci equitantita et implicable RS AND DIRECTORS DELE	(NOTE Registered.) 13. ETE 1.1 THE 1.2 NAM 1.3 STR 1.4 CHY 2.1 THE 2.2 NAM 2.3 STR 2.4 CH	Agent signature required E E E E E E E E E E E E E E E E E E	red when reinstating)	DATE CERS AND DIRE CR	CTORS IN 12 ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	etenet eg af ensible af ingificial le RS AND DIRECTORS UDELL DELL DELL	INOTE Registered. 13. ETE 1.1 THL 1.2 NAM 1.3 STR 1.4 CH 22 NAM 23 STR 2.4 CH	Agent signature required E E E E E T ADDRESS (-ST-ZIP F AE EET ADDRESS Y-ST-ZIP E EET ADDRESS	red when reinstating)	DATE CERS AND DIRE CR	CTORS IN 12 ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	etenet eg af ensible af ingificial le RS AND DIRECTORS UDELL DELL DELL	INOTE Registered. 13. ETE 1.1 THE 1.2 NAM 1.3 STR 1.4 CITH 2.2 NAM 2.3 STR 2.4 CIT 3.1 THE 3.2 NAM	Agent signature required E E E E E T ADDRESS (-ST-ZIP F AE EET ADDRESS Y-ST-ZIP E EET ADDRESS	red when reinstating)	DATE CERS AND DIRE CR	CTORS IN 12 ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	eten it eg af ensible el ripplosible RS AND DIRECTORS DELE DELE	13, 13 13 13 14 13 14 14 14	Agent signature required E E E E E E E T ADDRESS (-ST-ZIP) E E E E T ADDRESS Y-ST-ZIP E AE	red when reinstating)	DATE CERS AND DIRE CR	CTORS IN 12 ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	etenet eg af ensible af ingificial le RS AND DIRECTORS UDELL DELL DELL	13, 13 13 13 14 13 14 14 14	Agent signature required E E E E E E E E E T A D E E E I A E E I A D E E I A D E E I A E E I A E E I A E E I A E E I A E E I A E E I A E	red when reinstating)	DATE CERS AND DIRE CR	CTORS IN 12 ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	eten it eg af ensible el ripplosible RS AND DIRECTORS DELE DELE	INOTE Registered. 13. ETE 1.1 THE 1.2 NAM 1.3 STR 1.4 CH 2.2 NAM 2.3 STR 2.4 CH 3.1 TH 3.2 NAM 3.3 STR 3.4 CH 3.4 CH	Agent signature required E E E E E E E E E E E E E E E E E E	red when reinstating)	DATE CERS AND DIRE CH	CTORS IN 12 ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	eten it eg af ensible el ripplosible RS AND DIRECTORS DELE DELE	13. 13. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14.	Agent signature required E E E E E E E E E E E E E E E E E E	red when reinstating)	DATE CERS AND DIRE CH	CTORS IN 12 ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	Penni egint and black frightsophic RS AND DIRECTORS DELE DELE DELE	13, 13 13 13 14 13 14 14 14	Agent signature required E ET ADDRESS (-ST-ZIP E ET ADDRESS Y-ST-ZIP E E AE EFT ADDRESS Y-ST-ZIP E ME ME ME	red when reinstating)	DATE CERS AND DIRE Ch Ch	CTORS IN 12 ange Addition ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	eten it eg af ensible el ripplosible RS AND DIRECTORS DELE DELE	13. 13. 13. 13. 13. 13. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14.	Agent signature required E EET ADDRESS (-ST-ZIP) E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E	red when reinstating)	DATE CERS AND DIRE CH	CTORS IN 12 ange Addition ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	Penni egint and black frightsophic RS AND DIRECTORS DELE DELE DELE	(NOTE Registered. 18. ETE 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 22 NAM 23 STR 2.4 CIT 32 NAM 33 STR 34. CIT 4 1 TITE 4 2 NAM 4.3 STR 4.4 CITY 52 NAM 4.5 STR 52 NAM 53 STR 52 NAM 53 STR 54 NAM 55 STR 57 NAM 58 STR 58 5	Agent signature required E	red when reinstating)	DATE CERS AND DIRE Ch Ch	CTORS IN 12 ange Addition ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	Penni egint and black frightsophic RS AND DIRECTORS DELE DELE DELE	(NOTE Registered. 18. ETE 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 22 NAM 23 STR 2.4 CIT 32 NAM 33 STR 34. CIT 4 1 TITE 4 2 NAM 4.3 STR 4.4 CITY 52 NAM 4.5 STR 52 NAM 53 STR 52 NAM 53 STR 54 NAM 55 STR 57 NAM 58 STR 58 5	Agent signature required E EET ADDRESS (-ST-ZIP) E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E	red when reinstating)	DATE CERS AND DIRE Ch Ch	CTORS IN 12 ange Addition ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	DELE	13. 13. 13. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14.	Agent signature require E E E E E A E E A E E A E F F A E F F A E F F A E F F A E F F A A E F F A A E F F A A E F F A A B E F A A E F A A E E A A A E E A A A E E	red when reinstating)	CERS AND DIRE	CTORS IN 12 ange Addition ange Addition ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	Penni egint and black frightsophic RS AND DIRECTORS DELE DELE DELE	13. 13. 13. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14.	Agent signature require E E E E E A E E A E E A E F F A E F F A E F F A E F F A E F F A A E F F A A E F F A A E F F A A B E F A A E F A A E E A A A E E A A A E E	red when reinstating)	DATE CERS AND DIRE Ch Ch	CTORS IN 12 ange Addition ange Addition ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	DELE	13. 13. 13. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14. 13. 14.	Agent signature required E	red when reinstating)	CERS AND DIRE	CTORS IN 12 ange Addition ange Addition ange Addition ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICE PSD FAJARDO, MARIA T 10875 SW 28 ST	DELE	13. 13. 13. 13. 13. 13. 13. 14. 14.	Agent signature required E	red when reinstating)	CERS AND DIRE	CTORS IN 12 ange Addition ange Addition ange Addition ange Addition

Indicated on this annual report or supplied with this liming does not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. I further certify that the informatic indicated on this annual report or supplied 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.

GNATURE:

GNATURE: