SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

08-09-1999 90010 003 ***150.00

FILED Aug 09, 1999 8:00 am Secretary of State

DOCUMENT # P9500003086 MARIA T. FAJARDO DESIGN ASSOCIATES, INC. Principal Place of Business Mailing Address 10875 SW 28 ST 10875 SW 28 ST MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1995 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0560323 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year ☐ No 24 29 30 Intangible Personal Property. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FAJARDO, MARIA T Street Address (P.O. Box Number is Not Acceptable) 10875 SW 28 ST **MIAMI FL 33165** 83 84 City Zip Code 85 11. Pursuant to the provisions of sections 807,0502 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 117ITE DELETE Change Addition FAJARDO, MARIA T NAME 1.2 NAME 10875 SW 28 ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE ___ DELETE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-Z/P CITY-ST-ZIP 4.1 TITLE DELETE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ŞT-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 12 or Block 13 if changed, or on an attachment with an address.

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

SIGNATURE

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

07/21/99

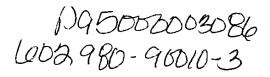
305 226-0710

___ Addition

Daytime Phone #

___ Change

CR2E034 (5/99)



• MARIA T. FAJARDO DESIGN ASSOCIATES, INC. •

• LICENSE NO. IB 0000773

July 21, 1999

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Corporation Annual Report

Maria T. Fajardo Design Assoc., Inc.

#65-0560323

Dear Sirs:

I respectfully submit the annual report for above mentioned corporation with a filing fee of \$150.00. In all the previous years, I have filed this report within the time allotted. Regrettably, I did not receive the first notice to file and just recently received the second notice.

Please accept my report and fee at this time.

Sincerely,

Maria T. Fajardo