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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # St

S18246

(6)

A TAQUECHEL ASSOCIATES, INC. ARCHITECTS-ENGINEE RS-PLANNERS

## FILED Feb 27 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					1			
4848 SW 741 MIAMI FL 33	740 MENDOZA AVENUE CORAL GABLES FL 3313	ш						
US		COUNT OUDITO LE ASIGN				DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualified		
						12/05/1990		
	Place of Business	28. Mailing Address				4. FEI Number	<del></del>	pplied For
21 Cuito Ant	d at	26				65-0236658	<del></del>	ot Applicable
Suite, Apt	#, etc.	SUITE, APT #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State City & State						6. Election Campaign Financing		May Be
23		28	[28]			Trust Fund Contribution		to Fees
Zip	Country	Zφ	Cou	ntry	,	8. This corporation owes or has paid the	current year in	tangible
24	25	29	30			Personal Property Tax due June 30.		No No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Register	ed Agent	
TA	QUECHEL, AMARO			81	Name			
4848 SW 74 CT				82	Street Add	Address (P.O. Box Number is Not Acceptable)		
ML		83		,				
				84	City		- 85 Zip	Code
					-		- L !   '	
office or a agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typod or primes name of injustment of					poration submits this statement for the purposition's board of directors. I hereby accept the		registered
12.		VD DIRECTORS	13.	7 700	All Biglistore redo	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	DELETE DELETE		1.1 11	TLE		10511610/01/44020 10 011/02/15	☐ Change	Addition
NAME	TAQUECHEL, AMARO		1.2 NA	ME	j			
STREET ADDRESS	4848 SW 74 CT		1.3 ST	AEET	ADDRESS	•		İ
CITY-ST-ZIP	MIAMI FL			1.4 CITY - ST - ZIP				
TITLE		DELETE		2.1 TITLE			☐ Change	Addition
NAME			2.2 NA	ME	}			
STREET ADDRESS			2.3 \$1	REET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		ST-ZiP			14400
TITLE	{	[_] DELETE	3.1 111		ł		Change	☐ Addition
NAME			3.2 NA					
STREET ADDRESS					ADDRESS			
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NAME	}	Em pricit	4. 2 N		i			
STREET ADDRESS	1		_		ADDRESS			
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TITLE		DELETE	5.1 111		7-611		Change	Addition
NAME		<del>-</del>	5.2 NA		}		•	
STREET ADDRESS	İ		5.3 ST	AEET	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-5	7-ZIP			
TITLE		DELETE	6.1 TIT				Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP	1	_	6.4 Cf	IY-S	IT-ZIP			1

14. Thereby certify that the information supplied with this filter 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 supplymental 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, the receiver or bastee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 3 if Changred, an an attachung with an address.

SIGNATURE

TOTAL COMMUNEY - AMARO TAQUECHEL- 2-20-9

305) 63-9688