FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

S62063

(0)

JUAN R. LEZCANO, ARCHITECT, P.A.

Principal Place of Business		Mailing Address	Mailing Address		r contracte ten urten timte anten nieben mitte uteit alleit alfilt alleit billt billt billt billt	
1214 S.W. 12TH CT. MIAMI FL 33135-5420		1214 S.W. 12TH CT. MIAMI FL 33135-5420				
				3. Date Incorporated or Qualified 06/21/1991	3a. Date of Last Report 01/26/1995	
2. Principal Pla 21 124		2a. Mailing Address 26 12.40	SW 125T	4. FEI Number 65-0323550	Applied For Not Applicable	
Suite, Apt. <i>t</i> 22 M A	, etc.	Suite, Apt. #, etc.	1 .FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 331	35 DADE	City & State 28 33 35	DADE	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,	
24	25 9. Name and Address of Cur	rent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R		
		Total region region	81 Natie	10. Name and Address of New A	egistered Agent	
LEZCAN	O, JUAN R.		P2 Street Add	CANO, JUA	NE	
	W. 12TH CT.		82 Street Ark	dress (P.O. Box Number is Not Acceptable	"STREET	
MIAMI F	L		83	1 4 5 4 1		
			84 City	IAPII	مادر عادر المادي	
	· · · · · · - · · · · · · · · ·		' '		FL 18335	
11. Parsuant to or registers	o the provisions of Sections 607.0s ad agent, or both, in the State of F	502 and 607.1508, Florida Statu Iorida. Such change was authori	ites, the above-named corporation's bor	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office	
familiar wit	n, and accept the obligations of, S	lection 6 07.0505, Florida Statute	IS.	and the second s	and the regions by agont. Tam	
SIGNATURE _	Synancia, typicho priores painic of registered a	on of word filtra it was southing to the	IOTE: Registered Agent signature requir			
12.	,,,,,, .	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12	
THE	D	DELETE	1. 1 TUTLE	ADDITIONS/GITANGES TO GET	Change Addition	
NAME	LEZCANO, JUAN R.		1.2 NAME	SAME		
STREET ADDRESS	-1214 S.W: 12TH GT:-	240 GW 129		1240 SW 12	STRIPET*	
City - S1 - Zil-	MIAMIFL 33135		1.4 CiTY-ST-ZIP	MIAM EL	335	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	2 1 TITLE	1-	☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY ST-ZIP			2 4 CITY-ST-ZIP			
1016		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition	
NAME			3 2 NAME			
SCHELL ADDRESS			3.3 STREET ADDRESS			
City - St - ZiE			3 4 CITY-ST-ZIP			
THIE		☐ DELETE	4. 1 TITLE		Change Addition	
NAME			4.2 NAME			
STEELT ADDRESS			4.3 STREET ADDRESS			
City St-Zif			4 4 CITY - ST - ZIP			
111.1		DELETE	5. 1 THLE		Change Addition	
NAME			5 2 NAME			
STEEL LADOHESS			5 3 STREET ADDRESS			
CHY ST ZIP		Fibrers	5 4 CITY-ST-ZIP			
TIT.F		☐ DELETE	6 1 THTLE		Change Addition	

SIGNATURE!

NAME

STREET ADDRESS.

CHY-ST-ZIP

6 2 NAME

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 or this annual report or supplemental annual report is true and accurate and that my signature shall have the same regal effect as if made under only that I am an officer or directory of the compression 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 modify in the case of the compression of the procession of the compression of

6 3 STREET ADDRESS

6 4 CITY - ST - 71P