

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90188 031 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V63772**

1. Corporation Name  
**ARCHITECTURAL BUILDING & DEVELOPMENT CORP.**



Principal Place of Business <b>12155 SW 94TH AVE MIAMI FL 33176 US</b>	Mailing Address <b>12155 SW 94 AVE MIAMI FL 33176 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>09/11/1992</b>	
		4. FEI Number <b>65-0357307</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GARCIGA, JORGE 12155 SW 94 AVE MIAMI FL 33176</b>		10. Name and Address of New Registered Agent <b>81 Name AIDA BAO-GARCIGA 82 Street Address (P.O. Box Number is Not Acceptable) 12155 S.W. 94 AVE 83 MIAMI, FL 84 City FL 85 Zip Code 33176</b>	
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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 *Aida Bao-Garciga* PRES. 4-23-99  
Signature, typed or printed name of registered agent and title (if applicable). (If CTE, Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b> <input checked="" type="checkbox"/> DELETE	NAME <b>GARCIGA, JORGE</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>12155 SW 94TH AVE</b>		1.2 NAME	
CITY-STATE-ZIP <b>MIAMI FL</b>		1.3 STREET ADDRESS	
TITLE <b>DT</b> <input type="checkbox"/> DELETE	NAME <b>BAO, CARIDAD</b>	1.4 CITY-STATE-ZIP	
STREET ADDRESS <b>9245 S.W. 97 AVE.</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-STATE-ZIP <b>MIAMI FL</b>		2.2 NAME	
TITLE <b>DS</b> <input checked="" type="checkbox"/> DELETE	NAME <b>GONZALEZ, CECILIA V.</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>1510 CATALONIA AVE.</b>		2.4 CITY-STATE-ZIP	
CITY-STATE-ZIP <b>CORAL GABLES FL</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>DV</b> <input type="checkbox"/> DELETE	NAME <b>BAO, INOCENTE</b>	3.2 NAME	
STREET ADDRESS <b>9245 S.W. 97 AVE.</b>		3.3 STREET ADDRESS	
CITY-STATE-ZIP <b>MIAMI FL</b>		3.4 CITY-STATE-ZIP	
TITLE <b>DV</b> <input type="checkbox"/> DELETE	NAME <b>BAO-GARCIGA, AIDA</b> <b>PRESIDENT.</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>12155 SW 94TH AVE</b>		4.2 NAME	
CITY-STATE-ZIP <b>MIAMI FL</b>		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		4.4 CITY-STATE-ZIP	
NAME		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>PRESIDENT</b>
STREET ADDRESS		5.2 NAME	
CITY-STATE-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE: *Aida Bao-Garciga* 4-23-99 (305) 238-9080  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR25034 (11/98)