

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Laxstrom
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:43

DOCUMENT # **P94000032341 (7)**

1. Corporation Name

THE CORRALES GROUP ARCHITECTS, INC.

Principal Place of Business

~~3200~~
~~8000~~ CORPORATE BOULEVARD N.W.
SUITE 200
BOCA RATON FL 33431

Mailing Address

~~3200~~
~~8000~~ CORPORATE BOULEVARD N.W.
SUITE 200
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0486253

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

~~CORRALES, PETER~~
~~800 FAIRWAY DRIVE~~
~~SUITE 292~~
~~DEERFIELD BEACH FL 33441~~
CORRALES, PETER
2200 CORPORATE BLVD.
N.W. SUITE 200
BOCA RATON, FL 33431

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 for 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 the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

5/24/95

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: CORRALES, PETER
STREET ADDRESS: ~~800 FAIRWAY DRIVE, SUITE 292~~ →
CITY-ST- ZIP: ~~DEERFIELD BEACH FL 33441~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: DIRECTOR Change Addition
1.2 NAME: CORRALES, PETER
1.3 STREET ADDRESS: 4913 N.W. 64th TERRACE
1.4 CITY-ST- ZIP: CORAL SPRINGS, FL 33067

TITLE: NAME: STREET ADDRESS: CITY-ST- ZIP:

2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST- ZIP: Change Addition

TITLE: NAME: STREET ADDRESS: CITY-ST- ZIP:

3.1 TITLE: Change Addition
3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST- ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST- ZIP:

4.1 TITLE: Change Addition
4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST- ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST- ZIP:

5.1 TITLE: Change Addition
5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST- ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST- ZIP:

6.1 TITLE: Change Addition
6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST- ZIP:

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 110.07(3)(k), 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 of this report, or in my attachment with an address.

SIGNATURE:

[Signature]

5/24/95

407-995-6700

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(System/Phone #)