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

Mailing Address

SUITE 145

2300 CORPORATE BLVD NW

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000032341

Principal Place of Business 2300 CORPORATE BLVD NW

THE CORRALES GROUP ARCHITECTS, INC.

| SUITE 145                                     |  | SUITE 145  |  |   |  | DO N   | DO NOT WRITE IN THIS SPACE                                   |   |                                |  |
|---|--|--|--|---|--|--|--|---|--------------------------------|--|
| BOCA RATON FL 33431<br>US                     |  | BOCA RATON FL 33431<br>US  |  |   |  | 3. Date Incorporated or Qualifed   |  |   |                                |  |
| Ç.  |  | •  |  |   |  | 04/28/1994   |  |   |                                |  |
| 2 Principal Pl                                | ace of Business  | 2a. Mailing Address  |  |   | 4. FEI Number                                  |  | Apr  | lied For  |                                |  |
| <b>–</b>                                      | ace of Business  | 26   |  |   |  | 65-0486253   |  | Not   | Applicable                     |  |
| Suite, Apt.                                   | # etc  | Suite, Apt, #, etc.  |  |   |  |  |  | \$8.75 A  | dditional                      |  |
| <b>─</b> , ''                                 | m, 610.  | 27   |  |   | 5. Certifcate of Status De                     | esired   | Fee Rec  |   |                                |  |
| City & State                                  |  | City & State   |  |   |  | 6: Election Campaign Fin   | ancing   | \$5.00  | May Be                         |  |
| ¬ ·   | -  | 28   |  |   |  | Trust Fund Contributio   |  | Added to  |                                |  |
| <b>23</b> {<br>Zip                            | Country  | Zip  | Co                                       | ountry                                  |  | 8. This corporation owes   |  | Intangible  |                                |  |
| 24  | 25   | 29   | 30                                       | •                                       |  | Personal Property Tax  |  |   | □No                            |  |
|   | 9. Name and Address of Current   | <del></del>  |  | Τ_                                      |  | 10. Name and Address of  | f New Register   | ed Agent  |                                |  |
|   | 3, Hame and Address of Content   |  |  | 81                                      | Name   |  |  |   |                                |  |
| CORRALES, PETER                               |  |  |  |   |  |  |  |   |                                |  |
|   | CORPORATE BLVD N.W.  |  | 82 Street Ac                             |   |  | ddress (P.O. Box Number is Not Acceptable)   |  |   |                                |  |
|   | E 145  |  |  | 83                                      |  |  | <del>'</del>   |   |                                |  |
|   | A RATON FL 33431   |  |  | 100                                     |  |  | ·  |   |                                |  |
| 500   | 14.011.50.5  |  |  | 84                                      | City   |  |  | 85 Zip C  | code                           |  |
|   | 1000 / XIII /  |  |  | 1                                       |  |  |  |   | registered                     |  |
| <ol> <li>Pursuant office or re</li> </ol>     | to the productings of Sertions 607.0502  | and 607.1508, Florida Stat<br>Florida, Such change was   | utes, the<br>authoriz                    | above<br>ed by t                        | -named o                                       | corporation submits this statemen<br>oration's board of directors. I here  | by accept the ap   | pointment as reg  | jistered                       |  |
| agent, I a                                    | m fan li <b>g Win</b> and accept the opligati  | ons of, Section 607.0505, F  | Iorida St                                | atutes.                                 | c ss.pc  |  | .,,  | 1.100   | <del>-</del>                   |  |
| SIGNATURE                                     |  | ^  |  |   |  |  | 31   | 1/44-   | <del>_</del>                   |  |
|   | - 3 - 4 - 7  | <u> </u>   | TE: Register                             | red Agent                               | signature re                                   | equired when reinstating)  | DATE   |   |                                |  |
| 12.   | OFFICERS AND   |  | 13                                       |   |  | ADDITIONS/CHANGES  | TO OFFICERS  |   | Addition                       |  |
| TITLE   | D  | ☐ DELETE   | 1.1                                      | TITLE                                   |  | D  | ولاسليب  | Change  | Addition                       |  |
| NAME  | CORRALES, PETER  |  | 1.2                                      | NAME                                    | j  | CORPALES   |  | SPINE   |                                |  |
| STREET ADDRESS                                | 4913 N.W. 64TH TERRACE   |  | 1.3                                      | STREET                                  | AODRESS  | 4411 INTEACOA  | TOTAL I  |   | ~~                             |  |
| CITY-ST-ZIP                                   | CORAL SPRINGS FL   |  | 1.4                                      | CITY-ST                                 | ZIP ]  | HIGHLAND B   | EACH.  | FL- 72  | 10/                            |  |
| TITLE   |  | ☐ DELETE   | 2.1                                      | TITLE                                   | (  |  |  | ☐ Change  | ☐ Addition                     |  |
| NAME  |  |  | 2.2                                      | NAME                                    |  |  |  |   |                                |  |
| STREET ADDRESS                                |  |  | 2.3                                      | STREET                                  | ADDRESS  |  |  |   |                                |  |
| CITY-ST-ZIP                                   |  |  | 2.4                                      | CITY-S                                  | T-ZIP  |  | ••   |   |                                |  |
| TITLE   |  | ☐ DELETE   |  | TITLE                                   |  |  |  | Change  | ☐ Addition                     |  |
| NAME  |  |  | 3.2                                      | NAME                                    |  |  |  |   |                                |  |
|   |  |  |  |   | ADORESS  | <b>.</b>   |  |   |                                |  |
| STREET ADDRESS                                |  |  | - 6                                      |   | 1  |  | •  |   |                                |  |
| CITY-ST-ZIP                                   |  | ☐ DELETE   |  | . CITY-S                                | I-ZJF  |  |  | Change  | Addition                       |  |
| TITLE   |  |  |  | 2 NAME                                  | 1  |  |  |   |                                |  |
| NAME  |  |  |  |   | ADDRESS  |  |  |   |                                |  |
| STREET ADDRESS                                |  |  |  |   |  | •  |  |   | -                              |  |
| CITY-ST-ZIP                                   |  | ☐ DELETE   |  | CITY-ST                                 | -217   |  | <del></del>  | ☐ Change  | Addition                       |  |
| TITLE   |  |  |  | NAME                                    | ļ  |  |  | . ,— 4-   |                                |  |
| NAME  |  |  |  |   | ADDRESS  | ,  |  |   |                                |  |
| STREET ADDRESS                                |  |  |  |   |  |  |  |   |                                |  |
| CITY-ST-ZIP                                   |  |  |  | CITY-ST                                 | 1-ZIP  | <del></del>  |  | Change  | Addition                       |  |
| TITLE   |  | ☐ DELETE   |  | TITLE                                   |  |  |  | I'T cuande  | L Addition                     |  |
| NAME  |  |  |  | NAME                                    |  |  |  |   |                                |  |
| STREET ADDRESS                                |  |  |  |   | ADDRESS  |  |  |   |                                |  |
| CITY-ST-ZIP                                   |  |  | 6.4                                      | CITY-S1                                 | -ZIP   |  |  |   |                                |  |
| 14. I hereby of indicated officer or Block 12 | certify that the information supplied with<br>on this annual reportor supplied with<br>director of the control at on the reger<br>or Block 13 if changed of on an attack | within filing does not qualify<br>arrival report is true and ac<br>er or trustee empowered to<br>agent with an address, with | for the excurate an<br>execute all other | xempti<br>nd that<br>this re<br>like er | on stated<br>my signa<br>port as r<br>npowered | I in Section 119.07(3)(i), Florida S<br>ature shall have the same legal el<br>required by Chapter 607, Florida<br>d. | Statutes, I further<br>ffect as if made<br>Statutes; and the | r certify that the in<br>under oath; that that the appearance of the control of the certific that the cer | ntormation<br>am an<br>ears in |  |

SIGNATURE:

indicated on this annual re officer or director of the co Block 12 or Block 13 if ch

E REQUIRED

**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90027 034 \*\*\*150.00