FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 30 AM 10: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001504397
-06/02/95--01024--021
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # 300875

1. Corporation Name
CARR SMITH ASSOCIATES, INC. ENGINEERS, ARCHITECTS, PLANNERS

Principal Place of Business / Mailing Address
4055 N.W. 97th Avenue, Ste 200
Miami, Florida 33178-2911

3. Date Incorporated or Qualified	01/14/1966
3a. Date of Last Report	03/14/94
4. FEI Number	591151997 (Applied For / Not Applicable)
5. Certificate of Status Desired	[X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	[ ] $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes	[X] Yes [ ] No

2. Principal Place of Business: 21 ___ Suite, Apt #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Barry Boren, Esq.
82 Street Address (P O Box Number is Not Acceptable): 9200 S. Dadeland Blvd., Ste 412
83
84 City: Miami FL 85 Zip Code: 33156

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: [signature] Barry Boren, Esq. 5/26/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	Corradino, Joseph C.
STREET ADDRESS	200 S. Fifth St., #300N
CITY ST ZIP	Louisville, KY 40202
TITLE	P/D
NAME	Mirson, Brian J.
STREET ADDRESS	4055 NW 97th Ave., Ste# 200
CITY ST ZIP	Miami, Fl 33178
TITLE	Secretary
NAME	Fernandez, Lourdes T.
STREET ADDRESS	4055 NW 97th Ave., Ste# 200
CITY ST ZIP	Miami, Fl 33178
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS	TIS 5/30/95	
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 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.

SIGNATURE: [signature] Brian J. Mirson, 5/26/95 (305) 594-0735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date. Daytime Phone #