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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F93000002539 (5)**

1. Corporation Name
CABALLERO ARCHITECTS, AIA, P.C.

Principal Place of Business	Mailing Address
5109 LEESBURG PIKE SUITE 906, SIX SKYLINE PLACE FALLS CHURCH VA 22041-3201	5109 LEESBURG PIKE SUITE 906, SIX SKYLINE PLACE FALLS CHURCH VA 22041-3206

3. Date Incorporated or Qualified: 05/24/1993
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 54-1183781 ☐ 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

CABALLERO, SANTIAGO
999 SOUTH BAYSHORE DRIVE
SUITE 1804
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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, 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CABALLERO, SANTIAGO		1.2 NAME		
STREET ADDRESS	11113 SPLIT RAIL LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX STATION VA 22039		1.4 CITY-ST-ZIP		
TITLE	DVCS	☐ DELETE	2.1 TITLE	VST	☒ Change ☐ Addition
NAME	CABALLERO, TERESA M		2.2 NAME	Caballero, Teresa M	
STREET ADDRESS	11113 SPLIT RAIL LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX STATION VA 22039		2.4 CITY-ST-ZIP		
TITLE	VPT	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CABALLERO, TERESA M		3.2 NAME		
STREET ADDRESS	11113 SPLIT RAIL LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX STATION VA 22039		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 added on an attachment with an address.

SIGNATURE: _____ March 6, 1997 (703) 820-1820