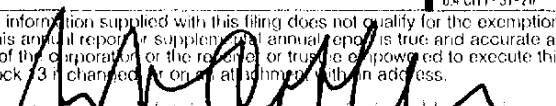


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 17 1997 8:00am
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 5109 LEESBURG PIKE SUITE 908, SIX SKYLINE PLACE FALLS CHURCH VA 22041-3201		Mailing Address 5109 LEESBURG PIKE SUITE 908, SIX SKYLINE PLACE FALLS CHURCH VA 22041-3208	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 05/24/1993		3a. Date of Last Report 04/19/1996	
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 85 Zip Code FL	
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	1.1 TITLE	☐ Change ☐ Addition
NAME	CABALLERO, SANTIAGO	1.2 NAME	
STREET ADDRESS	11113 SPLIT RAIL LANE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FAIRFAX STATION VA 22039	1.4 CITY-STATE-ZIP	
TITLE	DVCS	2.1 TITLE	☒ Change ☐ Addition
NAME	CABALLERO, TERESA M	2.2 NAME	VST Caballero, Teresa M
STREET ADDRESS	11113 SPLIT RAIL LANE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	FAIRFAX STATION VA 22039	2.4 CITY-STATE-ZIP	
TITLE	VPT	3.1 TITLE	☐ Change ☐ Addition
NAME	CABALLERO, TERESA M	3.2 NAME	
STREET ADDRESS	11113 SPLIT RAIL LANE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	FAIRFAX STATION VA 22039	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	
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 on an attachment with an address.			
SIGNATURE: 		March 6, 1997 (703) 820-1820	

CR2E034 (9/96)