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FILED

Mar 10 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **G17509** (2)  
1. Corporation Name  
**L.R.W. + ASSOCIATES ARCHITECTS, INTERIOR DESIGNERS, PLANNERS, INC.**Principal Place of Business  
**4260 SW 73RD AVENUE  
MIAMI FL 33155-4547**Mailing Address  
**4260 SW 73RD AVENUE  
MIAMI FL 33155-4547**3. Date Incorporated or Qualified  
**01/04/1983**3a. Date of Last Report  
**04/29/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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25

29

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4. FEI Number  
**59-2450558**Applied For  
Not Applicable5. 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

**LEON, SEGISBERTI J  
8701 SW 86 AVENUE  
MIAMI FL 33143-6916**

## 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

TITLE **P** ☐ DELETE  
NAME **REVUELTA, LUIS O**  
STREET ADDRESS **1461 MERCADO AVENUE**  
CITY - ST - ZIP **CORAL GABLES FL**TITLE **VT** ☐ DELETE  
NAME **LEON, SEGISBERTI J**  
STREET ADDRESS **8701 S.W. 86 AVENUE**  
CITY - ST - ZIP **MIAMI FL 33143-6916**TITLE **ST** ☐ DELETE  
NAME **WONG, VICTOR G**  
STREET ADDRESS **13380-F S.W. 91 TERRACE**  
CITY - ST - ZIP **MIAMI FL 33186**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETE  
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

6.4 CITY - ST - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)