

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 AM 11:09

DOCUMENT # **J70856** (6)

1. Corporation Name  
**PETER DARRAS AND ASSOCIATES, INC.**

Principal Place of Business	Mailing Address
% LEWIS G. GORDON 7700 N. KENDALL DR. #515 MIAMI FL 33156 US	% LEWIS G. GORDON 7700 N. KENDALL DR. #515 MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/28/1987** 3a. Date of Last Report **05/10/1994**

2. Principal Place of Business  
21 **1320 So. Dixie Highway**

2a. Mailing Address  
26 **1320 So. Dixie Highway**

4. FEI Number **59-2802716** Applied For   
Not Applicable

22 **700**

27 **700**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 **Coral Gables, FL**

28 **Coral Gables, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 **33146** 25

29 **33146** 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORDON, LEWIS G.**  
**7700 N. KENDALL DR**  
**#515**  
**MIAMI FL 33156**

81 Name **Gordon, Lewis G.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1320 So. Dixie Highway**  
83 **Suite 700**  
84 City **Coral Gables** **FL** 85 Zip Code **33146**

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]*

**3/20/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>DARRAS, PETER S.</b>
STREET ADDRESS	<b>10850 WILES RD</b>
CITY, ST, ZIP	<b>CORAL SPRINGS FL 33076</b>
TITLE	<b>VSD</b>
NAME	<b>DARRAS, DEBORAH J.</b>
STREET ADDRESS	<b>10850 WILES RD</b>
CITY, ST, ZIP	<b>CORAL SPRINGS FL 33076</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<b>33076</b>
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<b>33076</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(1)(b), Florida Statutes. I further certify that the information included 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 receive 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 my address.

SIGNATURE *[Signature]* **DEBORAH J. DARRAS** 03/15/95 **7551052**

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