

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1320 So. Dixie Highway	2a. Mailing Address 26 1320 So. Dixie Highway	3. Date Incorporated or Qualified 04/28/1987	3a. Date of Last Report 05/10/1994
22 700	27 700	4. FEI Number 59-2802716	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Coral Gables, FL	28 Coral Gables, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 33146	25 Country	29 33146	30 Country
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	PD	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARRAS, PETER S.	12. NAME	
STREET ADDRESS	10850 WILES RD	13. STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL 33076	14. CITY, ST, ZIP	33076
TITLE	VSD	21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARRAS, DEBORAH J.	22. NAME	
STREET ADDRESS	10850 WILES RD	23. STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL 33076	24. CITY, ST, ZIP	33076
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		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 1.13 (2)(b)(4), 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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