

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. Country

29. **33146** 30. Country

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

9. Name and Address of Current Registered Agent
**GORDON, LEWIS G.
7700 N. KENDALL DR
#515
MIAMI FL 33156**

10. Name and Address of New Registered Agent
B1. Name **Gordon, Lewis G.**
B2. Street Address (P.O. Box Number is Not Acceptable) **1320 So. Dixie Highway**
B3. **Suite 700**
B4. City **Coral Gables** FL B5. 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]* DATE **3/20/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **DARRAS, PETER S.**
STREET ADDRESS **10850 WILES RD**
CITY, ST, ZIP **CORAL SPRINGS FL 33076**

1. TITLE Change Addition
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP **33076**

TITLE **VSD**
NAME **DARRAS, DEBORAH J.**
STREET ADDRESS **10850 WILES RD**
CITY, ST, ZIP **CORAL SPRINGS FL 33076**

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP **33076**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61. TITLE Change 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 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. If 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 it changed, or on an attachment with my address.

SIGNATURE *[Signature]* **DEBORAH J. DARRAS** DATE **03/15/95** **305-7551052**