

**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

APPROVED  
AND  
FILED

95 MAY -1 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000000318 (5)**

1. Corporation Name

**SQUARE ONE ARCHITECTS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 12352 SW 104 LANE MIAMI FL 33186  
Mailing Address: 12352 SW 104 LANE MIAMI FL 33186

3. Date Incorporated or Qualified: 10/28/1992  
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business: 21 340 MINORCA AVE  
Suite, Apt. #, etc.: 22 SUITE NO. 7  
City & State: 23 CORAL GABLES, FL  
2a. Mailing Address: 26 340 MINORCA AVE  
Suite, Apt. #, etc.: 27 SUITE NO. 7  
City & State: 28 CORAL GABLES, FL  
24 33134 25 USA 29 33134 30 USA

4. FEI Number: 65-0367567  
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 § 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
IRIGOYEN, OSCAR  
12352 SW 104 LANE  
MIAMI FL 33186

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

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	IRIGOYEN, OSCAR
STREET ADDRESS	12352 SW 104TH LANE
CITY ST ZIP	MIAMI FL
TITLE	VPT
NAME	ALFONSO, GUSTAVO
STREET ADDRESS	6609 SW 114 AVE
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(b), 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 owner of business organization to which this report is required by Chapter 607, Florida Statutes, and that my name appears as such in the filing of changes or an attachment with an addition.

SIGNATURE: *Oscar Irigoyen* OSCAR A. IRIGOYEN  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (909) 969 9090