

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

**APPROVED AND FILED**

**CORPORATION ANNUAL REPORT 1995**



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

95 APR 28 PM 1:59

**DOCUMENT # P92000004610 (1)**

1. Corporation Name  
**ARCHITECTURAL CONSTRUCTION ESTIMATING, INC.**

Principal Place of Business      Mailing Address  
**999 PONCE DE LEON BLVD SUITE 750 CORAL GABLES FL 33134**      **999 PONCE DE LEON BLVD SUITE 750 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>11/16/1992</b>  | 3e. Date of Last Report<br><b>06/28/1994</b>           |
| 4. FEI Number<br><b>65-0369315</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Country             |
| 24                             | 29                  |
| 25                             | 30                  |

9. Name and Address of Current Registered Agent  
**DURAN, RAY  
999 PONCE DE LEON BLVD  
SUITE 750  
CORAL GABLES FL 33134**

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   |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <b>D</b>                        |
| NAME            | <b>DURAN, RAY</b>               |
| STREET ADDRESS  | <b>7525 SW 153RD PL #201</b>    |
| CITY - ST - ZIP | <b>MIAMI FL 33193</b>           |
| TITLE           | <b>D</b>                        |
| NAME            | <b>BEHAR, ROBERT</b>            |
| STREET ADDRESS  | <b>13916 SW 46TH TER UNIT A</b> |
| CITY - ST - ZIP | <b>MIAMI FL 33175</b>           |
| TITLE           | <b>D</b>                        |
| NAME            | <b>FONT, JAVIER</b>             |
| STREET ADDRESS  | <b>3600 LE JEUNE RD</b>         |
| CITY - ST - ZIP | <b>CORAL GABLES FL 33134</b>    |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>RAY DURAN.</b>  |
| 1.3 STREET ADDRESS  | <b>9950 SW 37ST</b>  |
| 1.4 CITY - ST - ZIP | <b>MIAMI FL. 33165</b>   |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>ROBERT BEHAR</b>  |
| 2.3 STREET ADDRESS  | <b>424 CASTANIA AVE.</b>   |
| 2.4 CITY - ST - ZIP | <b>CORAL GABLES, FL. 33146</b>   |
| 3.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | <b>JAVIER FONT</b>   |
| 3.3 STREET ADDRESS  | <b>8230 SW. CB COURT</b>   |
| 3.4 CITY - ST - ZIP | <b>MIAMI, FL. 33147</b>  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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, a 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: *Ray Duran*      **4.24.95.**      **305-446-6220.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      License Number #