

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000052499 (7)**

1. Corporation Name
PEDRAZA ARCHITECTS INC.



Principal Place of Business: **1840 CORAL WAY SUITE 202 MIAMI FL 33145**
Mailing Address: **1840 CORAL WAY SUITE 202 MIAMI FL 33145**

2. Principal Place of Business: 21 State, Apt., etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt., etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **07/07/1995**
3a. Date of Last Report
4. FEI Number: **05-0512767**
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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**NAVARRO, RENE
250 CATALONIA AVENUE
SUITE 505
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 607.0602 and 607.1604, 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 607.0602, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 NAME	PD	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	PEDRAZA, JORGE 1840 CORAL WAY SUITE 202 MIAMI FL 33145	
12.3 CITY, STATE, ZIP	MIAMI FL 33145	
12.4 NAME	VD	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS	PEDRAZA, YASMIN 1840 CORAL WAY SUITE 202 MIAMI FL 33145	
12.6 CITY, STATE, ZIP	MIAMI FL 33145	
12.7 NAME		<input type="checkbox"/> DELETE
12.8 STREET ADDRESS		
12.9 CITY, STATE, ZIP		
12.10 NAME		<input type="checkbox"/> DELETE
12.11 STREET ADDRESS		
12.12 CITY, STATE, ZIP		
12.13 NAME		<input type="checkbox"/> DELETE
12.14 STREET ADDRESS		
12.15 CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME	
13.6 STREET ADDRESS	
13.7 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME	
13.9 STREET ADDRESS	
13.10 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 NAME	
13.12 STREET ADDRESS	
13.13 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 (Change), or in attachment with an address.

SIGNATURE: *Jorge Pedraza Pres.* 1-31-96 (305) 856-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)