

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000075499 (0)

1. Corporation Name

ALLEGUEZ, GRAFTON, FLORES ARCHITECTS, INC.



Principal Place of Business

69 S.W. 11TH STREET  
MIAMI FL 33130

Mailing Address

69 S.W. 11TH STREET  
MIAMI FL 33130

3. Date Incorporated or Qualified

10/02/1995

3a. Date of Last Report

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

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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 (Typed or printed name of registered agent is not acceptable)

Signature (Typed or printed name of registered agent is not acceptable)

Date

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ALLEGUEZ, ANA  
STREET ADDRESS 4110 SW 14 STREET  
CITY-ST-ZIP MIAMI FL 33134

TITLE V ☐ DELETE

NAME GRAFTON, RUSSELL T  
STREET ADDRESS 2814 CHUCUNANTAH ROAD  
CITY-ST-ZIP MIAMI FL 33133

TITLE S ☐ DELETE

NAME FLORES, CARLOS M  
STREET ADDRESS 6902 N KENDAL DR. APT. E-203  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1. TITLE ☐ Change ☐ A.

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME  
22 STREET ADDRESS  
23 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME  
32 STREET ADDRESS  
33 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME  
42 STREET ADDRESS  
43 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME  
52 STREET ADDRESS  
53 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME  
62 STREET ADDRESS  
63 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 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 if changed, or on an attachment with an address.

SIGNATURE: ANA ALLEGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 305-358-3232

CR2E03