

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000007362 (2)

1. Corporation Name

PUIG & MARTINEZ ARCHITECTS & PLANNERS, INC.



Principal Place of Business 1135 S.W. 94TH AVENUE MIAMI FL 33174	Mailing Address 1135 S.W. 94TH AVENUE MIAMI FL 33174-3041
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2. Principal Place of Business 21 7000 S.W. 97th Avenue 22 Suite, Apt. #, etc. 23 104 City & State 24 Miami, FL 25 Zip 26 33173 27 Country 28 USA		2a. Mailing Address 26 same as No. 2 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 01/24/1996		3a. Date of Last Report	
4. FEI Number 65-0644727		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARTINEZ, REINALDO 1135 S.W. 94TH AVENUE MIAMI FL 33174		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	
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	PUIG, RALPH JR	1.2 NAME	Puig, Ralph Jr.
STREET ADDRESS	1411 MILLER ROAD	1.3 STREET ADDRESS	7000 S.W. 94th Avenue, Suite 104
CITY - ST - ZIP	CORAL GABLES FL 33146	1.4 CITY - ST - ZIP	Miami, FL 33173
TITLE	D	2.1 TITLE	D
NAME	MARTINEZ, REINALDO	2.2 NAME	Martinez, Reinaldo
STREET ADDRESS	1135 S.W. 94TH AVENUE	2.3 STREET ADDRESS	7000 S.W. 94th Avenue, Suite 104
CITY - ST - ZIP	MIAMI FL 33174	2.4 CITY - ST - ZIP	Miami, FL 33173
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date: 4/4/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Daytime Phone #: 305 2703701

CR2E034 (9/96)