FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S45292** **(7)**

1. Corporate Name
MARTINEZ-POSE ARCHITECTS, INC.

Principal Place of Business	Mailing Address
4131 LAGUNA STREET CORAL GABLES FL 33146-1408	4131 LAGUNA STREET CORAL GABLES FL 33146-1408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/15/1991	05/01/1994

2. Principal Place of Business
21
Street Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Apt. # etc.
27
City & State
28
Zip 29 County 30

4. FEI Number
65-0258493
☐ Applied For
☐ Not Applicable

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	10. Name and Address of New Registered Agent
MARTIN, PEDRO A., ESQ. 701 BRICKELL AVE. STE 1600 MIAMI FL 33131	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 607.1547 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		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, ROBERTO M.	1 NAME	
STREET ADDRESS	4131 LAGUNA STREET	1 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1 CITY-ST-ZIP	
TITLE	VD	2 TITLE	☐ Change ☐ Addition
NAME	POSE, MANUEL	2 NAME	
STREET ADDRESS	4131 LAGUNA STREET	2 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2 CITY-ST-ZIP	
TITLE	STD	3 TITLE	☐ Change ☐ Addition
NAME	BASCUAS, ERNSTO	3 NAME	
STREET ADDRESS	4131 LAGUNA STREET	3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address.

SIGNATURE: Vice-President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/95
Daytime Phone #

0180402 CP