

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000002539 (5)**

1. Corporation Name

CABALLERO ARCHITECTS, AIA, P.C.



Principal Place of Business

Mailing Address

5109 LEESBURG PIKE
SUITE 908, SIX SKYLINE PLACE
FALLS CHURCH VA 22041-3201

5109 LEESBURG PIKE
SUITE 908, SIX SKYLINE PLACE
FALLS CHURCH VA 22041-3201

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

CABALLERO, SANTIAGO
999 SOUTH BAYSHORE DRIVE
SUITE 1804
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 607.0502 and 607.1502, 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

Signature of Corporation Officer or Director (Print Name)

Signature of Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	CABALLERO, SANTIAGO	
STREET ADDRESS	11113 SPLIT RAIL LANE	
CITY-ST-ZIP	FAIRFAX STATION VA 22039	
TITLE	DVCS	<input type="checkbox"/> DELETE
NAME	CABALLERO, TERESA M	
STREET ADDRESS	11113 SPLIT RAIL LANE	
CITY-ST-ZIP	FAIRFAX STATION VA 22039	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	CABALLERO, TERESA M	
STREET ADDRESS	11113 SPLIT RAIL LANE	
CITY-ST-ZIP	FAIRFAX STATION VA 22039	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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. I am an officer or director of the corporation as of the date of this statement. I am a trustee employed by the corporation as reported or required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, or appears in Block 12 with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 1996 (703) 820 1820

CR2E034 (12/95)