

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001065 (1)**

1. Corporation Name

CESAR PELLI & ASSOCIATES, INC.



Principal Place of Business

1066 CHAPEL STREET
NEW HAVEN CT 06510

Mailing Address

1066 CHAPEL STREET
NEW HAVEN CT 06510

2. Principal Place of Business

21 Street, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 Street, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
03/03/1994

3a. Date of Last Report
03/22/1995

4. FBI Number

06-1228461

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE

12. Signature of the person who is authorized to sign this report

13. Signature of the person who is authorized to sign this report

TAX

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	PELLI, CESAR	
3. STREET ADDRESS	294 LIVINGSTON STREET	
4. CITY - ST - ZIP	NEW HAVEN CT	
5. TITLE	STD	<input type="checkbox"/> DELETE
6. NAME	CLARKE III, FRED W.	
7. STREET ADDRESS	140 DAVIS STREET	
8. CITY - ST - ZIP	HAMDEN CT	
9. TITLE	D	<input type="checkbox"/> DELETE
10. NAME	PELLI, RAFAEL	
11. STREET ADDRESS	68 CLARK STREET	
12. CITY - ST - ZIP	NEW HAVEN CT	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	06511
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	06517
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	11 REXTILE ROAD
12. CITY - ST - ZIP	STONY CREEK CT 06405
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I, the undersigned, 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 of this report, or on an attached list with an address.

SIGNATURE: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 (203)777-2515
Date Printed

CR2E034 (12/95)