

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 348934 (1)

1. Corporation Name
CONSTRUCTION CATERING INC

Principal Place of Business Mailing Address
2472 NW 21 TERR. 2472 NW 21 TERR.
MIAMI FL 33142-7109 MIAMI FL 33142-7109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1969 3a. Date of Last Report 03/21/1994

4. FEI Number 59-1275454 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 initial system tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 State, Apt # etc 26 State, Apt # etc

22 City & State 27 City & State

23 Zip 28 Zip

24 County 25 County 29 County 30 County

9. Name and Address of Current Registered Agent

BENCOMO, ESTEBAN
2411 SW 174 AVE.
MIAMI FL 33142

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P O Box Number is Not Acceptable)
B3
B4 City FL B5 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 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 current registered agent and Florida agent)

(Signature of new registered agent, if applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE P
NAME BENCOMO, ESTEBAN
STREET ADDRESS 2411 SW 174 AVE.
CITY ST ZIP MIAMI FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE VT
NAME BENCOMO, MIGDALIA
STREET ADDRESS 2411 SW 174 AVE.
CITY ST ZIP MIAMI FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE V
NAME BENCOMO, MILLIE
STREET ADDRESS % 2411 SW 174 AVE.
CITY ST ZIP MIAMI FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, or on an attachment with an address.

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

4/26/95
Date

(Typed Name)