

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

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**Mar 05 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 413901 (0)**  
1. Corporation Name  
**NEVETTE CONSTRUCTION CORP.**



Principal Place of Business  
**C/O MARCIA B. CABALLERO  
2450 SW 137TH AVE. S-221  
MIAMI FL 33175**

Mailing Address  
**C/O MARICA B. CABALLERO, ESQ  
2450 SW 137TH AVE. S-221  
MIAMI FL 33175-6332  
US**

3. Date incorporated or Qualified **12/01/1972** 3a. Date of Last Report **04/01/1996**

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number <b>59-1520894</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					6. 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 <b>CABALLERO, MARCIA B. 2450 S.W. 137TH AVE., STE. 221 MIAMI FL 33175</b>				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		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>GONZALEZ, NESTOR</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>350 S.W. 124 AVE.</b>	1.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>S</b>	1.4 CITY - ST - ZIP	
TITLE	S <b>CABALLERO, MARCIA B</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2450 SW 137 AVE</b>	2.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TD</b>	2.4 CITY - ST - ZIP	
TITLE	TD <b>GONZALEZ, NESTOR</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>350 S.W. 124 AVE.</b>	3.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 deleted with an address.

SIGNATURE: *Nestor Gonzalez* **NESTOR GONZALEZ** 2 12 97 391 32 48 2266194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)