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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

606848

(0)

R. & E. CONSTRUCTION, INC.									
Principal Place of Business Mailing Address					·	-			
2450 SW 137 AVENUE SUITE 234 MIAMI FL 33175		2450 SW 137 AVENUE SUITE 234 MIAMI FL 33175			Date Incorporated or Qualified 01/16/1979		of Last Re	•	
2. Principal Pla	ce of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number	<u> </u>	5/10/19	Applied For
21		<u></u>	26						Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	F			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		21p	Zip Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Curre		1001	Τ		10. Name and Address of New R		Agent	
				81	Name			<u></u>	
ROSADO), RAFAEL R			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le\		
2450 SW 137 AVENUE						Test Address (1.0. Don Harrison is Not Addeption)			
SUITE 23	34			83					
MIAMI FI	L 33175			84	City		FL	85 Zig	p Code
or registere	o the provisions of Sections 607.060 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authoriz	zed by the	corp	named corpora poration's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of cha pintment as	nging its r registered	egistered office agent. I am
SIGNATURE _	Signature, typed or printed name of registered agen	c aco di cuit adol cablo (Ne	OTE: Bagistere:	i Ager	nt signature required	when reinstation	DATE		
			13.		11 09 11 10 100 100	ADDITIONS/CHANGES TO OFFI		DIRECTO	PRS IN 12
TITLE	DP	DELETE 1.		1. 1 TITLE				Change	☐ Addition
NAME	ROSADO, RAFAEL R		1.2 N	1.2 NAME					
STREET ADDRESS	2450 SW 137 AVE #234		1.3 \$	TREET	I ADDRESS				
DITY-ST-ZIP	MIAMI, FL 00000		1.4 0	1.4 CITY - ST - ZIP					
TETLE	SV DELETE		2 1 1	2 1 TITLE				Change	Addition
NAME	ROSADO, LEOCADIA		2.21						
STREET ADDRESS	2450 SW 137 AVE #234		2.3 STREET ADORES						
CITY-ST-ZIP TITLE	MIAMI, FL 00000	DELETE	2.4 CITY - S1 - ZIP 3. 1 TITLE		S1- ZIP			Change	Addition
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CITY-ST-ZIP					ST-ZIP				
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CITY-ST-ZIP			4.4 0	04-5	ST-21P				
TITLE		☐ DELETE	5.17	ITLE			[Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS					I ADDRESS				
CITY-S1-ZIP			CITY-ST-ZIP				T Change	[7] Addition	
TITLE			6.1				Ł	Change	Addition
NAME STREET ADDRESS			6.2 N		I VIDUAL CC				
CITY-ST-ZIP					I ADDRESS ST-2IP				
14. Ldo hereby	certify that the information supplied	with this filing is voluntarily fun	nished and	doe	s not qualify fo	r the exemption stated in Section 119.	07(3)(k), Flo	rida Statut	es. I further
certify that	the information indicated on this ann	iual report or supplemental ann	nual report	is tru	ue and accurate	e and that my signature shall have the report as required by Chapter 607, Fig.	same legal :	effect as if	f made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-227-7763