SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **635690** **(1)**

1. Corporation Name
PICERNO CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
1628 NORTHWEST 90TH WAY PLANTATION FL 33024 US	1628 NORTHWEST 90TH WAY PEMBROKE PINES FL 33024 US

3. Date Incorporated or Qualified: 09/10/1979
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business	2a. Mailing Address
21 1304 S.W. 160th AVE.	26 1304 S.W. 160th AVE
22 Suite, Apt. #, etc. 639	27 Suite, Apt. #, etc. 639
23 City & State SUNRISE, FLA.	28 City & State SUNRISE, FLA.
24 Zip 33326 25 Country US	29 Zip 33326 30 Country US

4. FEI Number: 59-2218598 — 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

9. Name and Address of Current Registered Agent

PICERNO, ANGELA
1628 NORTHWEST 90TH WAY
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 1304 S.W. 160th AVE
83
84 City: SUNRISE FL 85 Zip Code: 33326

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: ANGELA PICERNO
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	PICERNO, ANGELA		12 NAME		
STREET ADDRESS	1628 NORTHWEST 90TH WAY		13 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		14 CITY-ST-ZIP		
TITLE	P	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	PICERNO, RICHARD A		22 NAME		
STREET ADDRESS	1628 NORTHWEST 90TH WAY		23 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard A. Picerno — 7-15-96 — (954) 389-0950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #