FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 8:02

DOCUMENT # 727227 (1)

1. Corporation Name
ELEVATOR CONSTRUCTORS LOCAL 71 HOLDING CO., INC.

Principal Place of Business
3800 N.W. 35TH AVE
MIAMI FL 33142

Mailing Address
3800 N.W. 35TH AVE
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1973
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1533607 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 — 27
City & State: 23 — 28
Zip: 24 — Country: 25 — Zip: 29 — Country: 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HAMMAR, MICHAEL J.
5940 N.E. 22 AVENUE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
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 607.0502 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, 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	FSD	1.1 TITLE	☐ Change ☐ Addition
NAME	PETTIT, JOHN A.	1.2 NAME	
STREET ADDRESS	15395 S.W. 89TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	BAD	2.1 TITLE	☐ Change ☐ Addition
NAME	LUCAS FRANK	2.2 NAME	
STREET ADDRESS	13005 S.W. 258 TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33032-6934	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	HAMMAR, MICHAEL	3.2 NAME	
STREET ADDRESS	5940 N.E. 22 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	ROMEO, ROBERT	4.2 NAME	
STREET ADDRESS	8904 SW 134TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☒ Change ☐ Addition
NAME	RIGGLE, MICHAEL A.	5.2 NAME	
STREET ADDRESS	1830 S.W. 98TH TERRACE	5.3 STREET ADDRESS	11287 61 ST, N.
CITY-ST-ZIP	MIRAMAR FL	5.4 CITY-ST-ZIP	ROYAL PALM BCH, FL. 33412
TITLE		6.1 TITLE	☐ Change ☐ 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 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: Michael J. Hammar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Hammar, 3/8/95, 633-3193
Date — Daytime Phone #

0048380