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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # K96544

CK CONSTRUCTION ASSOCIATES, INC.

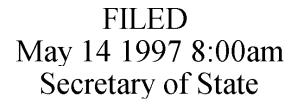
(7)

13899 BIBCAYNE BLVD. NORTH MIAMI FL \$3181

Principal Place of Business

Mailing Address 13899 BISCAYNE BLVD. SUITE #227

NORTH MIAMI FL 33181-1651





1								
						 Date Incorporated or Qualified 06/15/1989 	3a. Date of La 11/04/19	
	lace of Business	2a. Mailing	Address			4. FEI Number		Applied For
21		26		,		65-0128073		Not Applicable
Sulte, Apt.	#, etc.	⊢¬ '	Apt. #, etc.			5. Certificate of Status Desired		75 Additional
22		[27]						e Required
		City & S	State			6. Election Campaign Financing		.00 May Be
23		28			-1	Trust Fund Contribution		ded to Fees
Zip	Country	Zip		Cour	ııry	8. This corporation has liability for in	ntangible tax und] Yes = □ No	ier s. 199.032,
24	25 9. Name and Address of Curren	29 of Registered Ac	men!	30		10. Name and Address of New Reg		~
COL	FFMAN, BERNARDO	. Hogistolog Ag	Bour		81 Name	10, 114,115 4116 4116 411 115	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
13899 BISCAYNE BLVD. #227 " N MIAMI FL 33181					82 Street Address (P.O. Box Number is Not Acceptable)			
13 70	IVANI EL 33101			•	B3			
				l				
ě.				[84 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607, 1508.	Florida Statut	os, the ab	ove-named o	corporation submits this statement for the pr		ing its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obtain	of Florida Such	change was a	authorized	by the corpo	pration's board of directors. I hereby accep	t the appointmor	n as registered
•	ATTION OF THE PARTY OF THE PART	pioni di, Secilor	1 607.0303, 110	onua siau	1169.			
SIGNATURE	Signature, typed or printed unit of registered ago	and filte if applicable	le (NOT	E Registered	Agent signature 4	equired when reinstating)	DATE	
12.	OFFICERS AND	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	PTD		DELETE	1.1 T(1	LE		☐ Cha	inge Addition
NAME	COIFFMAN, BERNARDO L.			1.2 NA	VIE			
STREET ADDRESS	12000 BISCAYNE BLV #244			1.3 ST	REET ADDRESS			
CITY-ST-ZIP	North Miami Fl			1,4 CIT	Y-S1-24P			
TITLE	VSD		DELETE	21711	.E		☐ Cha	inge Addition
NAME	COIFFMAN, SARITA			2.2 NA	ME .			
STREET ADDRESS	13899 BISCAYNE BLV #227			2.3 \$11	REET ADDRESS			
CITY-ST-ZIP	North Miami Fl			2. 4 CI	IY-ST-ZIP			
TITLE			DELETE	31711	.E ·		Cha	inge Addition
NAME				3 2 NA	ME			
STREET ADDRESS				3 3 ST	HEET ADDRESS			
CITY-ST-ZIP				3.4. Ci	Y - ST - Z(P			
TITLE	· · · 		DELETE	4,1 111	it Ţ		☐ Cha	inge 🔲 Addition
NAME				4. 2 NA	3M.	•		
STREET ADDRESS				4.3 STI	REET ADDRESS			
CITY-ST-ZIP					Y-ST-ZIP			
TITLE		·	DELETE	51 ไม	.E.		☐ Cha	inge 🗌 Addition
NAME				5.2 NA	ME			
STREET ADDRESS				5.3 \$10	KEET ADDRESS			
CITY-SY-ZIP				5.4 CIT	Y-ST-ZIP			
TITLE			☐ DELETE	6.1 T(T	LE		☐ Cha	inge 🔲 Addition
NAME				6.2 NA	ME)	80000219	0628	CS
STREET ADDRESS				6.3 STI	REET ADDRESS	80000219 -05/27/970100	14009	5/14/97
CITY-ST-ZIP				5.4 CH	Y-ST-ZIP	***165.00		2/14///
						4 1 2 0 1 440 07(0)(1) (1) (1)		

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 on an all achment with an address.

13051942-9402