SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO (INSTATE: $750.)

FILED
Sep 08 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 # P93000011986 (5)

1. Corporation Name
KMR CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
16100 N.E. 16TH AVE. N. MIAMI BEACH FL 33162	16100 N.E. 16TH AVE. N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 02/17/1993
3a. Date of Last Report: 08/01/1996
4. FEI Number: 65-0380481 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAFFERTY, KEVIN M
16100 N.E. 16TH AVE.
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: Rafferty Kevin M
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, th ove-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 autho d 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 utes.

SIGNATURE ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regis d Agent signature required when reinstating)

CR2E034 (4/97)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	RAFFERTY, KEVIN M	
STREET ADDRESS	18400 N.E 30TH AVE.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for e 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 a 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 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 attachment with an address.

SIGNATURE: