

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

**Southern Contracting  
Corporation**

**Document #  
P93000043280 (5)**

Principal Place of Business

Mailing Address

**8105 S.W. 17th St.  
Miami, FL. 33155**

**8105 S.W. 17th St.  
Miami, FL. 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/17/93** 3a. Date of Last Report **04/15/94**

4. FEI Number **65-0424640** 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Fernandez Frank R.  
8105 S.W. 17th St.  
Miami, FL. 33155**

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 the corporation

NOTE: Registered Agent signature required when not filing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	D	1. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Fernandez Frank R.	2. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	8105 S.W. 17th St.	3. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY, ST, ZIP	Miami, FL. 33155	4. CITY, ST, ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		21. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		22. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		23. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY, ST, ZIP		24. CITY, ST, ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		31. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		32. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		33. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY, ST, ZIP		34. CITY, ST, ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		41. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		42. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		43. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY, ST, ZIP		44. CITY, ST, ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		51. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		52. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		53. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY, ST, ZIP		54. CITY, ST, ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		61. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		62. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		63. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY, ST, ZIP		64. CITY, ST, ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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)(b), Florida Statutes. I further certify that the information included 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 attachment with an address.

**SIGNATURE:**  **4/28/95** **305/261-4743**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number  
**Frank R. Fernandez**