

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

**APPROVED
AND
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95 APR 28 AM 11:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000022570 (3)

1. Corporation Name
PORTO VITA CONSTRUCTION COMPANY

Principal Place of Business 19495 BISCAYNE BLVD. STE. 900 N. MIAMI BEACH FL 33180	Mailing Address 19495 BISCAYNE BLVD. STE. 900 N. MIAMI BEACH FL 33180
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DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualified 03/21/1994	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. 2875 NE 191ST ST Suite, Apt. #, etc.	26. 2875 NE 191ST ST Suite, Apt. #, etc.
22. 400	27. 400
23. AVENTURA FL City & State	28. AVENTURA FL City & State
24. 33180 25. DADE Zip Country	29. 33180 30. DADE Zip Country

9. Name and Address of Current Registered Agent

**PARELLO, RAYMOND J
19495 BISCAYNE BLVD.
STE. 900
N. MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2875 N.E. 191ST ST
83 SUITE 400
84 City **AVENTURA** **FL** **85 Zip Code** **33180**

11. Pursuant to the provisions of Sections 607.0507 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	SOFER, JEFFREY	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	C/O 19495 BISCAYNE BLVD. STE. 900	1.2 NAME	
STREET ADDRESS	N. MIAMI BEACH FL 33180	1.3 STREET ADDRESS	2875 N.E. 191ST ST
CITY, ST, ZIP		1.4 CITY, ST, ZIP	AVENTURA FL 33180
TITLE D	COLOMBO, UGO	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	C/O 19495 BISCAYNE BLVD. STE. 900	2.2 NAME	
STREET ADDRESS	N. MIAMI BEACH FL 33180	2.3 STREET ADDRESS	2875 NE 191ST ST
CITY, ST, ZIP		2.4 CITY, ST, ZIP	AVENTURA FL 33180
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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. I am an officer or director of this 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: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFFREY SOFER