FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 AM 2:58
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056889 (6)**

1. Corporation Name

SHLESINGER CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
% ZIMBLE FORMOSO-MURIAS, P.A. 1101 BRICKELL AVE., PENTHOUSE MIAMI FL 33131	% ZIMBLE FORMOSO-MURIAS, P.A. 1101 BRICKELL AVE., PENTHOUSE MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0508624 — 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. The corporation has liability for intangible tax under s. 607.1622, Florida Statutes [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

FORMOSO-MURIAS, HECTOR
% ZIMBLE FORMOSO-MURIAS, P.A.
1101 BRICKELL AVE., PENTHOUSE
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change/Addition
PSD	SHLESINGER, MARIO	1101 BRICKELL AVE., PENTHOUSE	MIAMI, FL 33131	[X] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition

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(1)(a), 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 13 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: Mario Shlesinger, PSD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 — 401-541-7722
DATE — DAYTIME PHONE

0132586 CP