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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000070104 (1)

DOCUMENT # G/N CONSTRUCTION ENTERPRISES, INC.

Principal Place of Business

Mailing Address

8304 NW 103 ST HIALEAH GARDENS FL 33016

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04/27/96 (305) 557-0669.

					 Date Incorporated or Qualifie 09/07/1995 	d 3a. Date of Last	Report	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21	26				65-06/2444	,	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional Required	
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be		
23 Zip	Country	28			Trust Fund Contribution Added to Fees			
24	Country [25]	Zip	Country	/	This corporation has liability for intangible tax under s 199.032,			
24	9. Name and Address of Curren	29 Registered Agent	30		Florida Statutes \(\sum \)			
	<u> </u>	· riogiatoree Agent	81	Name	10. Name and Address of Nev	v Hegistered Agent		
VALLADARES, NELSON JR 8304 NW 103 ST				82 Street Address (P.O. Box Number is Not Acceptable) 83				
				0::				
			84			FI 1 1	ip 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 flapplicable. (NOTE: Registered Agent signature required when reinstating) DATE The property of the printed name of registered agent and the flapplicable. (NOTE: Registered Agent signature required when reinstating)								
12.	OFFICERS AND		13.	it signature requi	ADDITIONS/CHANGES TO O	DATE	DO IN 10	
TITLE	D	DELETE	1. 1 TITLE	<u> </u>	ADDITIONAL PRINCES TO O	Change	Addition	
NAME	VALLADARES, NELSON JR		1.2 NAME			Onungo		
STREET ADDRESS	8304 NW 103 ST		1.3 STREET	ADDRESS				
CITY-ST-ZIP	HIALEAH GARDENS FL 330	16	1.4 CITY - 5	1				
TITLE		☐ DELETE	2. 1 TITLE	····		Change	Addition	
NAME			2.2 NAME			.		
STREET ADDRESS			23 STREET	ADDRESS				
CITY - ST - ZIP			24 City-S	iT - ZiP				
TILLE		☐ DELETE	3. 1 TI"LE			☐ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	4 1 TITLE			☐ Change	☐ Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS			ľ	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5 1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
C/TY-ST-ZIP TITLE		The proper	5.4 CITY-S	T-ZIP			211	
		☐ DELETE	6 1 TITLE			☐ Change	Addition	
NAME CLOSET ADDRESS			62 NAME					
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIF	certify that the information supplied w	ith this filling is voluntarily funding	6.4 DITY-S	T-ZIP	for the evention at the Co.	0.07/0/41 5		
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)(k), 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 one attachment with an address.								