

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 26 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 # P96000095214 (8)
 1. Corporation Name:
S&D CONSTRUCTION CORP.



Principal Place of Business: **848 BRICKELL AVENUE SUITE 810 MIAMI FL 33131**
 Mailing Address: **848 BRICKELL AVENUE SUITE 810 MIAMI FL 33131-2943**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1996	3a. Date of Last Report
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0726772	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0509 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D D'AGOSTINO, FRANCO	1.2 NAME	
STREET ADDRESS	848 BRICKELL AVENUE STE 810	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D SIMON, NICOLAS	2.2 NAME	VP
STREET ADDRESS	848 BRICKELL AVENUE STE 810	2.3 STREET ADDRESS	Eduardo Simon
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	848 Brickell Ave. Ste 810
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	P
STREET ADDRESS		3.3 STREET ADDRESS	Leonardo Simon
CITY-ST-ZIP		3.4 CITY-ST-ZIP	848 Brickell Ave. Ste 810
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VP
STREET ADDRESS		4.3 STREET ADDRESS	Luis D'Agostino
CITY-ST-ZIP		4.4 CITY-ST-ZIP	848 Brickell Ave. Ste 810
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VP JT
STREET ADDRESS		5.3 STREET ADDRESS	Luis Lamar
CITY-ST-ZIP		5.4 CITY-ST-ZIP	848 Brickell Ave. Ste 810
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	S
STREET ADDRESS		6.3 STREET ADDRESS	Gregory R. Francuz
CITY-ST-ZIP		6.4 CITY-ST-ZIP	848 Brickell Ave. Ste 810

4. I do hereby certify that the information supplied with this filing does not qualify for the 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 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:  **Gregory R. Francuz** 2-28-97 (305) 377-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)