

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

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000098823 (2)**  
 1. Corporation Name  
**CONSTRUCTORA LIMONAR, INC.**



Principal Place of Business <b>260 CRANDON BLVD                  SUITE 26C                  KEY BISCAIYNE FL 33149</b>	Mailing Address <b>260 CRANDON BLVD                  SUITE 26C                  KEY BISCAIYNE FL 33149</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/19/1997</b>	4. FEI Number <b>65-0794663</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country	29. Country	30. Country			

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 4201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81. Name <b>CORDOBA, MARIA C</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>260 CRANDON BLVD #26</b>
83. City
84. City <b>KEY BISCAIYNE</b>
85. Zip Code <b>FL 33149</b>

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *S. Maria Cecilia Cordoba Good* (NOT: Registered Agent's signature required when installing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PS</b>	<input type="checkbox"/>
NAME	<b>CORDOBA, ALFONSO</b>	
STREET ADDRESS	<b>260 CRANDON BLVD STE 26C</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE FL 33149</b>	
TITLE	<b>VT</b>	<input type="checkbox"/>
NAME	<b>CORDOBA GOOD, MARIA C</b>	
STREET ADDRESS	<b>260 CRANDON BLVD STE 26C</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE FL 33149</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *S. Maria Cecilia Cordoba Good* MARIA CECILIA CORDOBA GOOD 4/21/98 (305) 361-9800

CR2E034 (10/97)