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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S68056** **(8)**

1. Corporation Name

A.W. BUILDERS & MANAGEMENT CORP.

Principal Place of Business	Mailing Address
1121 CRANDON BLVD. APT. F-701 KEY BISCAYNE FL 33149 US	1121 CRANDON BLVD APT. F-701 KEY BISCAYNE FL 33149 US

3. Date Incorporated or Qualified: 07/23/1991
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business
21 3200 P. de Leòn Blvd.
Suite, Apt. #, etc.
22 2nd. Floor
City & State
23 Coral Gables, Florida
Zip 24 33134 Country 25

2a. Mailing Address
26 3200 P. de Leòn Blvd.
Suite, Apt. #, etc.
27 2nd. Floor
City & State
28 Coral Gables, Florida
Zip 29 33134 Country 30

4. FEI Number: 65-0280461 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MUELLE, ALFONSO
2828 CORAL WAY
SUITE 100
MIAMI FL 33145

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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	President	☒ Change ☐ Addition
NAME	FERNANDEZ, FRANCISCO		12 NAME	Alex Artime	
STREET ADDRESS	1121 CRANDON BLVD. F-701		13 STREET ADDRESS	3200 P. De Leòn Blvd.,2nd. Floor	
CITY-ST-ZIP	KEY BISCAYNE FL		14 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	D	☐ DELETE	21 TITLE	Secretary-Treasurer	☒ Change ☐ Addition
NAME	FERNANDEZ, ANA TERESA M.		22 NAME	Francisco Fernàndez	
STREET ADDRESS	1121 CRANDON BLVD. F-701		23 STREET ADDRESS	3200 P. De Leòn Blvd. 2nd. Floor	
CITY-ST-ZIP	KEY BISCAYNE FL		24 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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)(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: _____ 7/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

ALEX ARTIME PRESIDENT (305) 445-9393
Daytime Phone #

CR2E034 (12/95)