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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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

1. Corporation Name
A & W BUILDERS & MANAGEMENT, CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~3200 PONCE DE LEON BLVD~~ ~~2ND FLOOR~~ ~~CORAL GABLES FL 33134~~ ~~US~~	~~9200 PONCE DE LEON BLVD~~ ~~2ND FLOOR~~ ~~CORAL GABLES FL 33134~~ ~~US~~

3. Date Incorporated or Qualified: 07/23/1991

2. Principal Place of Business	2a. Mailing Address
21 9370 SW 72nd St	26 9370 SW 72nd St
Suite, Apt. #, etc. 22 Suite A290	Suite, Apt. #, etc. 27 Suite A290
City & State 23 MIAMI FL	City & State 28 MIAMI, FL
Zip 24 33173 Country 25 US	Zip 29 33173 Country 30 US

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARTIME, ALEJANDRO A ~~3200 PONCE DE LEON BLVD.~~ ~~2ND FLOOR~~ ~~CORAL GABLES FL 33134~~ change address only	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 9370 SW 72nd Street 83 SUITE A290 84 City MIAMI FL 85 Zip Code 33173

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ARTIME, ALEJANDRO A		1.2 NAME		
STREET ADDRESS	~~3200 PONCE DE LEON BLVD., 2ND FLOOR~~		1.3 STREET ADDRESS	9370 SW ~~72~~ 72 STREET	
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~		1.4 CITY-ST-ZIP	SUITE A290 MIAMI, FL 33173	
TITLE	ST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ARTIME, MERCEDES C		2.2 NAME		
STREET ADDRESS	~~3200 PONCE DE LEON BLVD., 2ND FLOOR~~		2.3 STREET ADDRESS	9370 SW 72 Street	
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~		2.4 CITY-ST-ZIP	SUITE A290 MIAMI, FL 33173	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Mercy Artime 4/13/98 (305) 279-7141