

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V62881 (0)**  
1. Corporation Name  
**SOUTH DADE BUILDERS, INC.**

**FILED**  
**95 MAY -1 PM 1:36**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>8620 S.W. 47TH STREET MIAMI FL 33155</b>	Mailing Address <b>8620 S.W. 47TH STREET MIAMI FL 33155</b>
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3. Date Incorporated or Qualified <b>09/10/1992</b>	3a. Date of Last Report <b>03/04/1994</b>
4. FEI Number <b>65-0355426</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 20
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**LOPEZ, GEORGE M.  
8620 S.W. 47TH STREET  
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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: *George M Lopez* DATE: **4-2-95**

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>LOPEZ, GEORGE M.</b>
STREET ADDRESS	<b>8620 S.W. 47TH STREET</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<i>N/A</i>
NAME	<i>N/A</i>
STREET ADDRESS	<i>N/A</i>
CITY - ST - ZIP	<i>N/A</i>
TITLE	<i>N/A</i>
NAME	<i>N/A</i>
STREET ADDRESS	<i>N/A</i>
CITY - ST - ZIP	<i>N/A</i>
TITLE	<i>N/A</i>
NAME	<i>N/A</i>
STREET ADDRESS	<i>N/A</i>
CITY - ST - ZIP	<i>N/A</i>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 19.07(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 on an attachment with an address.

SIGNATURE: *George M Lopez* DATE: **4-2-95** (309) 241-1155

SIGNATURE AND PRINTED OR PHONED NAME OF SIGNING OFFICER OR DIRECTOR