

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **V70437 (1)**

1. Corporation Name
SKYLINE GENERAL CONTRACTORS, INC.



Principal Place of Business
~~6600 S. DIXIE HWY 200~~
~~MIAMI FL 33143~~

Mailing Address
~~1749 SW 17 STREET~~
~~MIAMI FL 33145~~
 US

2. Principal Place of Business
 21 **7241 SW 168 ST #B**
 22 Suite, Apt. #, etc **B**
 23 City & State **MIAMI FL**
 24 Zip **33157** 25 Country **USA**

2a. Mailing Address
 26 **P O BOX 450219**
 27 Suite, Apt. #, etc
 28 City & State **MIAMI FL**
 29 Zip **33245-0219** 30 Country **USA**

3. Date Incorporated or Qualified **10/07/1992**
 3a. Date of Last Report **09/22/1995**

4. FEI Number **65-0365178** 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
MENDIOLA, RUBEN A., JR.
~~1749 SW 17 ST.~~
~~MIAMI FL 33145~~
7241 SW 168 ST
SUITE B
MIAMI FL 33157

10. Name and Address of New Registered Agent
 81 Name **MENDIOLA RUBEN A JR**
 82 Street Address (P.O. Box Number is Not Acceptable) **7241 SW 168 ST #B**
 83
 84 City **MIAMI** FL 85 Zip Code **33157**

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]* DATE: **6-1-95**

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|--------------------------------|--------------------------|
| TITLE | DP | <input type="checkbox"/> |
| NAME | MENDIOLA, RUBEN A., JR. | |
| STREET ADDRESS | 1749 SW 17 ST. | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | DV | <input type="checkbox"/> |
| NAME | FERGIS, CHRIS EDWARD | |
| STREET ADDRESS | 6815 SW 101 ST. | |
| CITY - ST - ZIP | MIAMI FL | |
| 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 |
|-------------------------------------------------------|------------------------------|-------------------------------------|--------------------------|
| 11 TITLE | ADDRESS CHANGE ONLY | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 NAME | | | |
| 13 STREET ADDRESS | 7241 SW 168 ST #B | | |
| 14 CITY - ST - ZIP | MIAMI, FL 33157 | | |
| 21 TITLE | ADDRESS CHANGE ONLY | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME | | | |
| 23 STREET ADDRESS | 7241 SW 168 ST #B | | |
| 24 CITY - ST - ZIP | MIAMI FL 33157 | | |
| 31 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 NAME | | | |
| 33 STREET ADDRESS | | | |
| 34 CITY - ST - ZIP | | | |
| 41 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME | | | |
| 43 STREET ADDRESS | | | |
| 44 CITY - ST - ZIP | | | |
| 51 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME | | | |
| 53 STREET ADDRESS | | | |
| 54 CITY - ST - ZIP | | | |
| 61 TITLE | 300001878989 | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME | -06/28/96--01018--035 | | |
| 63 STREET ADDRESS | ***225.00 | | |
| 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement, if 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6-1-96**

CR2E034 (3/96)