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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

	1996	DIVISION O			
OCUN Corporation	MENT # 4350	77 (3)			
,	NDRE CONSTRUCTION,	INC.			
nncipal Place (	of Business	Mailing Address			1881   UTB   B 613   B 61)   B 61    B 61    B 61    101 
4141 S.W. 74TH COURT		4141 S.W. 74TH COURT			
MIAMI FL 331	155-4423	MIAMI FL 33155-4423	3	3. Date Incorporated or Qualified	3a. Date of Last Report
				10/17/1973	01/20/1995
Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	Loto	Suite, Apt. #, etc.		59-1488385	Not Applical  \$8.75 Additional
State, Apr. #	, 610.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28] Zip	Country	Trust Fund Contribution  8. This corporation has liability for it	Added to Fees intangible tax under s 199.032,
	25	29	30	Florida Statutes X Yes	□No
	g. Name and Address of Curi	rent Registered Agent	81 Name	10. Name and Address of New R	legistered Agent
AL DEDT	O A ALEVANDED AT E.T.	ANDDE			
	OA. <del>ALEXANDER.</del> ALEJ. W. 74TH CT.	ANDRE	82 Street Add	ress (P.O. Box Number is Not Acceptab	)·e)
MIAMI FI			83		
37337 11410 0			84 City		85 Zip Code
l. Pursuant to or registere familiar with	o the provisions of Sections 607.05 ed agent, or both, in the State of Fi n, and accept the obligations of, Si	502 and 607.1508, Florida Statu forida. Such change was author ection 607.0505, Florida Statute		oration submits this statement for the pur and of directors. I hereby accept the appo	rpose of changing its registered of cintracent as registered agent. I an
GNATURE.	Signature, typeo or printed name of registered a,			oration submits this statement for the purard of directors. I hereby accept the appointment in the purard of directors and the appointment of the purard of	pose of changing its registered of cintment as registered agent. I an DATE ICERS AND DIRECTORS IN 12
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SIGNATURE: Com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana L. Rios

2-20-96 (305) 264-5151 ......