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

PROFIT * CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS								
DOCU 1. Corporation	JME:NT # P930	00068116 (1)					
SK (GENERAL CONTRACTORS	INC.						
Principal Place of Business Mailing Address						ı radılığısı ile ibidə ilili Abili De:	I	101 HOOT BEDIG EILT 1051
1847 NORT MIAMI FL 3	FHWEST 21ST STREET 33142	1847 NORTHWEST 21 MIAMI FL 33142	st street					
					3. Da	ate Incorporated or Qualified 09/30/1993	3a. Date of La 04/27	ast Report 7/1995
21	Place of Business	2a. Mailing Address 26		<u>-</u>	4. FE	Number 65-0477659		Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Ce	artificate of Status Desired		3.75 Additional Fee Required
City & Stat	te	City & State		· · · · · · · · · · · · · · · · · · ·		ection Campaign Financing ust Fund Contribution	\$	5.00 May Be
Zip 24	Country 25	Ζιρ 29	Coun	try	8. Th	is corporation has liability for i		
	9. Name and Address of Curre		1001			ame and Address of New R	_	
2905 PI	MAN, JORGE S RAIRIE AVENUE BEACH FL 33140			184 ¹	Address (P.O. 7 NW 2	_JORGE_S. Box Number is Not Acceptab lst. Street	le)	
				4 City	MIAMI		FL 85	0000
 Pursuant for register 	to the provisions of Sections 607.050 red agent, or both, in the State of Florith, and accept the obligations of Sec	2 and 607.1508, Florida Statute	s, the above	named co	progration subn	nits this statement for the purplers.	pose of changing	its registered office
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	seed do noody, nonde brandica.	,			ого. Тиогору ассерт те аррс	ontinent as regist	ereo agent. i am
12.	Signature, typed or printed name of registered age	nt and title if anglicable (NOT ND DIRECTORS		ent signature re	equired when reinsta		DATE	
TITLE	D OFFICENS AF	DELETE	13.			DITIONS/CHANGES TO OFFI		
NAME	KUPERMAN, IRMA A	- Otter	1.1 AM	1	Đ		🛣 Cha	nge 🗀 Addition
STREET ADDRESS	2905 PRAIRIE AVENUE			ET ADDRESS		IAN, IRMA A.		
CITY-ST-ZIP	MIAMI BEACH FL 33140-34	22	1.4 CITY			W 21st. Stre	et	
TITLE	D	☐ DELETE	2 1 TITL		D MINUTA	FL. 33142	I R Cha	nge Addition
NAME	KUPERMAN, JORGE S		2.2 NAM			AN, JORGE S.	_	
STREET ADORESS	2905 PRAIRIE AVENUE		2 3 S1RE			W 21st. Stre	et	
HTY-ST-ZIP ITLE	MIAMI BEACH FL 33140-342		2.4 CITY	-ST-ZIP		FL. 33142		
IAME		☐ DELETE	3. 1 717.	•	b .		Chai	nge 🔲 Addition
TREET ADDRESS			32 NAMI					
HTY - ST - ZIP				ET ADDRESS				
ITLE		DELETE	3.4 City-				☐ Char	nge
AME			4.2 NAME					ac F1 voquion
TREET ADDRESS				ET ADDRESS				
ITY-ST-ZIP			4.4 CITY					
ITLE		☐ DELETE	5 1 TITLE			10000175	Char	nge 🔲 Addition
IAME			5.2 NAME		•	1 0000175 -04/29/96010	15001 45-000	
TREET ADDRESS			5.3 STREE	T ADDRESS		***200.00	TU -UU3	
ITY-ST-ZIP ITLE		Dones	5.4 CITY -					
ITLE IAME		☐ DELETE	6. 1 TITLE				☐ Chan	ge Addition
TREET ADDRESS			6.2 NAME					
HIRELANDINGS			6.3 STREE	TADDRESS				•

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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 it chapted, or on an attachment with an address.

SIGNATURE:

TATURE AND PEPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-96 (305)

05)545-827