FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 22 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001498314
-05/24/95--01064--013
****225.00 ****225.00

DOCUMENT # 145405 (7)

DO NOT WRITE IN THIS SPACE.

1. Corporation Name
CLINTON CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
7400 N. KENDALL DR. #410 MIAMI FL 33156	7400 N. KENDALL DR. #410 MIAMI FL 33156

3. Date Incorporated or Qualified: 01/04/1946	3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-0540880	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	

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 29	Zip 26 / Country 30

9. Name and Address of Current Registered Agent

SEGAL, IRA
7400 N KENDALL DRIVE SUITE 410
MIAMI FL 33156

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SEGAL,JOSHUA J	12 NAME	400001498314
STREET ADDRESS	7400 NO. KENDALL DRIVE	13 STREET ADDRESS	-05/24/95--01064--014
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	******8.75 ******8.75
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SEGAL,IRA	22 NAME	
STREET ADDRESS	7400 NO. KENDALL DRIVE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SEGAL, IRA	32 NAME	
STREET ADDRESS	7400 NO. KENDALL DRIVE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	SAX, WILLIAM L.	42 NAME	
STREET ADDRESS	8180 N.W. 36TH ST. #100	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE		51 TITLE	A/S ☐ Change ☒ Addition
NAME		52 NAME	CURTIS, PERRY
STREET ADDRESS		53 STREET ADDRESS	18103 S.W. 82 CT.
CITY ST ZIP		54 CITY ST ZIP	MIAMI, FL
TITLE		61 TITLE	A/S ☐ Change ☒ Addition
NAME		62 NAME	ROSEN, WAYNE
STREET ADDRESS		63 STREET ADDRESS	7400 N.KENDALL DR.,
CITY ST ZIP		64 CITY ST ZIP	MIAMI, FL

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)(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: _____ JOSHUA J. SEGAL 4/18/95 (305) 248-1129
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #