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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **210949** **(4)**

1. Corporation Name
SURENE BUILDERS, INC.

Principal Place of Business	Mailing Address
5385 PALM AVE. P.O. BO 2546 PALM VILLAGE STATION HIALEAH FL 33012-7546	5385 PALM AVE. P.O. BO 2546 PALM VILLAGE STATION HIALEAH FL 33012-0546

3. Date Incorporated or Qualified: **03/31/1958**
3a. Date of Last Report: **04/09/1996**

2. Principal Place of Business (21) Street Address (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Street Address (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-0947994** ☐ 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

KURZWEIL, SUETELLE
8641 SW 84 TERR
MIAMI FL 33143

10. Name and Address of New Registered Agent

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

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 further agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: KURZWEIL, JODI L. STREET ADDRESS: 555 SE 34TH ST #2408 CITY-ST-ZIP: MIAMI FL	☐ DELETE	1.1 TITLE: Ass't. Secretary 1.2 NAME: KURZWEIL, ALAN 1.3 STREET ADDRESS: 8641 SW 84 Terr. 1.4 CITY-ST-ZIP: Miami, FL 33143	☐ Change ☒ Addition
TITLE: VD NAME: RICH,KING STREET ADDRESS: 900 BAY DRIVE #204 CITY-ST-ZIP: MIAMI BEACH FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: SD NAME: KURZWEIL,SUETELLE STREET ADDRESS: 8641 SW 84 TERR CITY-ST-ZIP: MIAMI FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: TD NAME: KURZWEIL, JODI L. STREET ADDRESS: 555 NE 34TH ST #2408 CITY-ST-ZIP: MIAMI FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: ASD NAME: OROVITZ, ESTA K. STREET ADDRESS: 14020 SW 104TH PL CITY-ST-ZIP: MIAMI FL	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 of changed, or on an attachment with an address.

SIGNATURE: Suetelle Kurzweil 3-19-97 305-822-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0115993