

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:15

DOCUMENT # 397195 (9)

1. Corporation Name
SYMAR CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
2120 S.W. 3RD ST. APT 2 MIAMI FL 33135	2120 S.W. 3RD ST. APT 2 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/10/1974	3a. Date of Last Report 02/17/1994
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2. Principal Place of Business	2a. Mailing Address
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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22. City & State	27. City & State
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23. Zip	28. Zip	Country	30. Country
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24. Zip	25. Country	29. Zip	30. Country
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4. FEI Number 59-1437249	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, RAUL J. -LEON
2120 S.W. 3RD ST.
MIAMI FL 33135

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	GONZALEZ, MANUEL S
STREET ADDRESS	9837 SW 194TH ST
CITY - ST - ZIP	MIAMI FL

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GONZALEZ, MANUEL S.
1.3 STREET ADDRESS	9837 SW 194 ST
1.4 CITY - ST - ZIP	MIAMI, FL 33157

TITLE	PD
NAME	RODRIGUEZ, RAUL J
STREET ADDRESS	2120 SW 3RD ST
CITY - ST - ZIP	MIAMI FL

2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANA M. HERCE
2.3 STREET ADDRESS	9837 SW 194 ST
2.4 CITY - ST - ZIP	MIAMI, FL 33157

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 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: ANA M. HERCE ANA M. HERCE 3-4-95 (305) 579-9766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Printed #