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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **405707** (1)

1. Corporation Name
SIBONEY CONTRACTING CO.

Principal Place of Business 1000 SOUTHERN BOULEVARD, #300 P.O. BOX 6665 W. PALM BEACH FL 33405 US	Mailing Address 1000 SOUTHERN BOULEVARD, #300 P.O. BOX 6665 W. PALM BEACH FL 33405-0665 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/26/1972	3a. Date of Last Report 07/01/1996
		4. FEI Number 59-1419274	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	

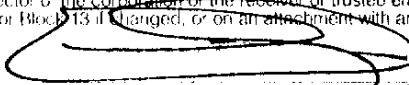
9. Name and Address of Current Registered Agent MCCRACKEN, JOHN B. 505 S. FLAGLER DR. SUITE 1100 WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	S ☐ DELETE TOMEU, ADELA M. 7001 S. FLAGLER DR. WEST PALM BEACH FL	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP	☐ Change ☐ Addition
12.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP	PTD ☐ DELETE TOMEU, ENRIQUE A 164 S. WORTH CT. W. PALM BEACH FL	13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY - ST - ZIP	☐ Change ☐ Addition
12.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP ☐ DELETE LUKE, CLYDE R. 14055 107TH STREET FELLSMERE FL	13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY - ST - ZIP	☐ Change ☐ Addition
12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP ☒ DELETE NAVARRO, JUSTO 10185 159TH CT JUPITER FL	13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY - ST - ZIP	☐ Change ☐ Addition
12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY - ST - ZIP	☐ Change ☐ Addition
12.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do 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 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:  **GRIQUE A. Tomeu** 3-11-97 (561) 832-3110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)