FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
Mar 21 1997 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: **07/26/1972**
3a. Date of Last Report: **07/01/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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. FLAGER 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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOMEU, ADELA M.		1.2 NAME		
STREET ADDRESS	7001 S. FLAGER DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TOMEU, ENRIQUE A		2.2 NAME		
STREET ADDRESS	164 S. WORTH CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LUKE, CLYDE R.		3.2 NAME		
STREET ADDRESS	14055 107TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE FL		3.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NAVARRO, JUSTO		4.2 NAME		
STREET ADDRESS	10185 159TH CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] Enrique A. Tomeu 3-11-97 (561) 832-3110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #