FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # (1) SIBONEY CONTRACTING CO. Principal Place of Business Mailing Address 1000 SOUTHERN BOULEVARD. #300 1000 SOUTHERN BOULEVARD. #300 P.O. DOX 6665-W. PALM BEACH FL 33405 W. PALM BEACH FL 33405 DO NOT WRITE IN THIS SPACE

FILED May 12 1998 8:00am Secretary of State

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05							3. Date Incorporated or Qualified 07/26/1972		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For			
21	─ '						59-1419274 Not Applicable		
Suite, Api	t. #, etc.	Su	ite, Apt. #, etc.	·			\$8.75 Additional		
22	27					5. Certificate of Status Desired Fee Required			
<u> </u>	City & State City & State						6. Election Campaign Financing \$5.00 May Be		
23		28	···-		Trust Fund Contribution Added to Fees				
Zip	Country	Zış	· • • • • • • • • • • • • • • • • • • •				8. This corporation owes or has paid the current year Intangible		
24	25 25 Name and Address of Current	29 Begistere		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
					81 Name				
	MCCRACKEN, JOHN B. 505 S. FLAGER DR. SUITE 1100								
WEST PALM BEACH FL 33401				82 Street Address (P.O. Box Number is Not Acceptable)					
					83				
					84	City	FL 85 Zip Code		
11. Pursuan	t to the provisions of Sections 607.0502	and 607.1	508, Florida Statute	es, the a	bove	-named	ed 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 Signature, typed or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstature) DATE									
12.	OFFICERS AND			13.	и иде	Transpiration	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	8		DELETE	1.1 1/	TLE		☐ Change ☐ Addition		
NAME	TOMEU, ADELA M.			1.2 N/	amé				
STREET ADDRESS				1.3 53	TREE1	ADDRESS	s		
CITY-ST-ZIP	WEST PALM BEACH FL			1.4 CI	ITY-SI	I - ZIP			
TITLE	PID		DELETE	2.1 TI	TLE		☐ Change ☐ Addition		
NAME	TOMEU, ENRIQUE A	م ملات	a Bled	2.2 N/	AME				
STREET ADDRESS 10MEU, ENTITUDE A 1000 Southern Blid 22			2.3 ST	TREET	ADDRESS	s			
CITY-ST-ZIP	W. PALM BEACH FL 3340	5	···		CITY-S	T - ZIP			
TITLE	VP		DELETE	3.1 TI			Change Addition		
NAME	LUKE, CLYDE R.			3.2 N/					
STREET ADDRESS	14055 107TH STREET			3.3 ST	TREET	ADDRESS	S		
CITY-ST-ZIP	FELLSMERE FL				ITY-S	T-ZIP			
TITLE	SEVI, DANTE C.		☐ DELETE	4.1 11			Change Addition		
NAME .	1246 WOODRIDGE CT.			4. 2 N					
				TREET	ADDRESS	§			
CITY-ST-ZIP	VICE PRESIDENT		Doruge	4.4 CiT DELEVE 5.1 TiTI		- 21P			
	COSIA, KOLANDO			5.1 11			☐ Change ☐ Addition		
NAME	331 LAKE ARBOR DRIV			5.2 NA					
STREET ADDRESS	PALM SPRINGS, FL 3	3461				ADDRESS	S		
CITY-ST-ZIP	TREASURER		DELETE		TY-ST	- ZIP	Channe Laddition		
TITLE			T NETELE	6.1 711			L Change Addition		
NAME				62 NA					
STREET ADDRESS				6.3 ST	IREET A	ADDRESS	S		

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 annual report or supplied enter an another or director of the corporation of 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 for on an attachment with an address.

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(561/832-311N