FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan

Secretary of State DIVISION OF CORPORATIONS

1996

Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. 27	1. Corporation	MENT # 43962 CONSTRUCTION COMPANY	• • • • • • • • • • • • • • • • • • • •			 	(1 1 8)	DU BIBIL BIBIL HBBI
7890 N W 60TH ST MIAMI FL 33166 38. Date Incorporated or Qualified 38. Date of Last Report 10/25/1973 03/31/1995 03/31/19	Principal Place	of Rusiness	Mailing Address					
10/25/1973 03/31/1995 22	7990 N W 60TH ST		7990 N W 60TH ST					
2. Principal Place of Business 2a. Mailing Address 59-1506015 Not Applied For Not Applied For Not Applied For Not Applied Surface, Apt. #, etc. Surface, Apt. #, etc.						1		•
Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. 27	2. Principal Pla	lace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·		1 00/01/18	· · · · · · · · · · · · · · · · · · ·
City & State Ci						59-1506015		Not Applicable
City & State City & State City & State City & State City & State City & State Country Zip Zip Country Zip Z			⊢			5. Certificate of Status Desired	1 1	
Zip Country Zip Country Zip Country St. This corporation has liability for intample tax under s 199.032, Florida Statutes yes you			····	J		6. Election Campaign Financing		
28	23		28	1 *				
### BITCH NAME ### PD ### CITY ### PD ### CITY ### PD ### PD ### CITY ### PD ### ###		 	⊢ ,					
MURAI WALD BIONDO & MORENO P.A. 25 S.E. 2ND AVENUE SUITE 832 MIAMI FL 33131 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 of familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signal zu, typod or protect name of registered agent and No. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. NOTE Registered Agent signature required when remarkating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. Title NAME ROSELL, TEOBALDO 12. NAME ROSELL, TEOBALDO 13. SIREFI ADDRESS 18. LOS PINOS CT. 13. SIREFI ADDRESS 14. LOTIVE 14. CITY-ST-ZPP 17. LOTIVE 17. COPAL GABLES FL 14. CITY-ST-ZPP 17. C	24			30		<u></u>		
25 S.E. 2ND AVENUE SUITE 832 MIAMI FL 33131 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 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 Suprillum, typod or printed name of registered agent and their applicable. NOTE Registered Agent agreement agent and when renstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE VSD ROSELL, TEOBALDO 12 NAME ROSELL, TEOBALDO 13 STREET ADDRESS 185 LOS PINOS CT. 13 STREET ADDRESS CITY-ST-ZIP TILLE PD DELETE 14 CITY-ST-ZIP DELETE 2 1 TILLE ARELLANO, AGUSTIN 9050 HAMMOCK LAKE DRIVE CORAL GABLES FL Q Additionable Change Chang			g	81 N	ame	IV. Hame and Address of How I	inglistered Agent	
25 S.E. 2ND AVENUE SUITE 832 MIAMI FL 33131 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 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 Suprillum, typod or printed name of registered agent and their applicable. NOTE Registered Agent agreement agent and when renstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE VSD ROSELL, TEOBALDO 12 NAME ROSELL, TEOBALDO 13 STREET ADDRESS 185 LOS PINOS CT. 13 STREET ADDRESS CITY-ST-ZIP TILLE PD DELETE 14 CITY-ST-ZIP DELETE 2 1 TILLE ARELLANO, AGUSTIN 9050 HAMMOCK LAKE DRIVE CORAL GABLES FL Q Additionable Change Chang	MURAI Y	WALD BIONDO & MORENO P.A	l .	82 5	treet Addres	ss (P.O. Box Number is Not Acceptab	nle)	
MIAMI FL 33131 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 of 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. Specifies, typod or printed name of registered agent and the if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE VSD DELETE 1.1 TITLE CORAL GABLES FL 14 CITY-ST-ZIP TITLE PD DELETE 2 1 TITLE PD DELETE 2 2 NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS GITY-ST-ZIP CORAL GABLES FL DELETE 3 1 TITLE DELETE 3 1 TITLE Additionable Additionable Additionable Additionable ARELLANO, AGUSTIN DELETE 3 1 TITLE DELETE 3 1 TITLE Additionable ARELLANO, AGUSTIN BELETE DELETE 3 1 TITLE Additionable Additio						70 (* 10. 00x 110x 10x 10x 10x 10x 10x 10x 10x 10		
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 of 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 pritted name of registered agent and tell if applicable. (NOTE Registered Agent signature required when renstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE NAME ROSELL, TEOBALDO 12. NAME ROSELL, TEOBALDO 13. SIRRET ADDRESS 185 LOS PINOS CT. CORAL GABLES FL 14. CHY-ST-ZIP TILLE PD DELETE 21. TILLE CORAL GABLES FL 14. CHY-ST-ZIP CORAL GABLES FL 14. CHY-ST-ZIP TILLE CORAL GABLES FL DELETE 3. 1 TILLE CORAL GABLES FL CORAL GABLES FL CORAL GABLES FL DELETE 3. 1 TILLE Change Addition Addi	SUITE 832			83				
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 of 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 the if applicable.	MIAMI FL 33131			84 C	ity		Pag 85 2	Zip Code
Signal uru, typed or printed name of registered agent and the if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VSD ROSELL, TEOBALDO 12 NAME STREET ADDRESS 185 LOS PINOS CT. CITY-ST-ZIP TITLE PD DELETE 14 CITY-ST-ZIP CORAL GABLES FL 14 CITY-ST-ZIP THE PD ARELLANO, AGUSTIN STREET ADDRESS STREET ADDRESS OSD HAMMOCK LAKE DRIVE CITY-ST-ZIP CORAL GABLES FL DELETE 24 CITY-ST-ZIP TITLE DELETE 31 TITLE ARELLANO, AGUSTIN STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 10 DELETE 24 CITY-ST-ZIP TITLE Addition ARELLANO, AGUSTIN STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL DELETE 31 TITLE Addition Addition Change Addition Addition ARELLANO, AGUSTIN STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL DELETE 31 TITLE Change Addition Addition Change Addition Change Addition Addition Change Addition Addition ARELLANO, AGUSTIN STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL DELETE 32 NAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition Addition Change Addition Addition Addition Addition Change Addition Addition Addition ARELLANO, AGUSTIN STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL Addition Change Addition Addition Addition Addition Addition Addition Addition ARELLANO, AGUSTIN	or registere familiar wit	red agent, or both, in the State of Flor	rida. Such change was authoriz	zed by the corporal	ied corporation's board	tion submits this statement for the pur of directors. I hereby accept the appr	roceo of changing its	registered office ad agent. I am
TITLE		Signature, typed or printed name of registered agen	nt and title if applicable. (NC	DTE: Registered Agent sig	nature required s	when reinstating)	DATE	
ROSELL, TEOBALDO						ADDITIONS/CHANGES TO OFF		
STREFT ADDRESS		1	LI DELETE				☐ Change	Addition
CITY-ST-ZIP CORAL GABLES FL 1.4 CITY-ST-ZIP TITLE PD DELETE 2.1 TITLE Change Addition NAME ARELLANO, AGUSTIN 22 NAME STREET ADDRESS 9050 HAMMOCK LAKE DRIVE 23 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 24 CITY-ST-ZIP Change Addition NAME DELETE 3 1 TITLE Change Addition NAME 32 NAME Addition Addition					.nrec			
TITLE PD DELETE 2 1 TITLE Change Addition NAME ARELLANO, AGUSTIN 22 NAME 23 STREET ADDRESS CITY-ST-ZIP 23 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 24 CITY-ST-ZIP Change Addition NAME DELETE 3 1 TITLE Change Addition								
NAME ARELLANO, AGUSTIN 22 NAME STHEET ADDRESS 9050 HAMMOCK LAKE DRIVE 23 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE NAME 32 NAME Addition			☐ DELETE		-		[] Change	Addition
CITY-ST-ZIP CORAL GABLES FL 24 CITY-ST-ZIP TITLE DELETE 3 1 TiTLE Change Addition NAME 32 NAME 32 NAME Addition Addition	NAME	, -	_	2.2 NAME				_
TILE DELETE 3 1 TiTLE Change Addilio NAME 32 NAME	STHEET ADDRESS		Æ	2.3 STREET ADD	RESS			
NAME 32 NAME	CITY - ST - ZIP	CORAL GABLES FL		2 4 C(TY - ST - Z)	Ρ			
			☐ DELETE	3 1 TITLE			☐ Change	☐ Addition
STREET ADDRESS								
	STREET ADDRESS			3.3 STREET ADD				
CITY-ST-ZIP 3.4 CITY-ST-ZIP			□ DELETE		P		Channa	C Addition
TITLE DELETE DELETE Additio			L'I percir				Change	☐ Addition
STREET ADDRESS 4.3 STREET ADDRESS					DCCC			
C-TY-ST-Z-P 4.4 CITY-ST-ZIP								
			☐ DELETE		'		☐ Change	[] Addition
NAME 52 NAME	NAME			5.2 NAME				
STREET ADDRESS 53 STREET ADDRESS	STREET ADDRESS			5 3 STREET ADD	RESS			
CITY-ST-ZIP 54 CITY-ST-ZIP	CI1Y - ST - ZIP			5.4 CITY - ST - ZI	p			
	(DELETE				☐ Change	☐ Addition
NAME 62 NAME								
STREET ADDRESS 63 STREET ADDRESS				l l				
64 G/TY-ST-ZIP 64 G/TY-ZIP 64 G/TY-ST-ZIP 64 G/TY-ST-ZIP 64 G/TY-ZIP 64		y certify that the information supplied	with this filing is valuntarily for			the exemption stated in Postion 110	07/2V/D) Elasida Ct-1	don 14 udhar

appears in Block 12 or Block 13 ii eoso/4 Trosell, Sentry 4/2/91 592140

SIGNATURE: