FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

4203 PONCE DE LEON BLVD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 523190

(7)

4203 PONCE DE LEON BLVD

Mailing Address

PORFIRI CONSTRUCTION COMPANY

FILED Mar 20 1997 8:00am Secretary of State

Date Incorporated or Qualified	3a. Date of Last Report

SUITE 5 CORAL GABLE	S FL 33146	SUITE 5 CORAL GABLES FL 33146	3-1852						
US		U\$			3. Date Incorporated or Qualified 01/21/1977		3a. Date of Last Report 04/17/1996		
21	lace of Business	2a. Mailing Address			4. FEI Number 59-1762904			Applied For Not Applicable	
Sude, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	×		Additional Required	
City & State 23	,	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
7φ 24	Country [25]	Ζφ [29]	Countr 30			Yes D	No	s. 199.032,	
DOD	9. Name and Address of Cur	rent Registered Agent	81	T Name	10. Name and Address of New Re-	gistered #	gent		
	IDIRI, V.F.		61	Name					
	SAN SEBASTIAN AVENUE IAL GABLES FL 33134		82		dress (P.O. Box Number is Not Acceptab	le)			
			83	ļ			7227		
			84	City		FL	85 Zip	p Code	
agent Fai SIGNATURE	or lamiliar with, and accept the ob-	ligations of, Section 607.0505, Fit	orida Statute	S.	ation's board of directors. I hereby accepulation with the directors and the directors are directors. I hereby acception with the directors are directors are directors. I hereby acception with the directors are directors are directors. I hereby acception with the directors are directors are directors. I hereby acception with the directors are directors are directors are directors. I hereby acception with the directors are directors are directors are directors. I hereby acception with the directors are directors are directors are directors. I hereby acception with the directors are directors are directors are directors are directors. I have a director and directors are directors are directors are directors are directors. I have a director are directors are directors are directors are directors. I have a director are directors are directors are directors are directors are directors. I have a director are directors are directors are directors are directors are directors. I have a director are directors are directors are directors are directors are directors are directors. I have a director and directors are directors are directors are directors are directors. I have a director are directors are directors. I have a director are directors are directors are directors are directors are directors. I have a director are directors are directors are directors are directors are directors are directors. I have a director are directors are dire	t the appo	ointment a	is registered	
_12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
TETEF	PODEIDI ME	DELETE	1 1 TITLE				Z Change	Addition	
NAME	Porfiri, V.F. 363 granello ave.		12 NAME		CERACTIAN	Av.			
STREET ADDRESS	CORAL GABLES FL		13 STPEE	ADDRESS	17 SAN SEBASTIAN				
CIDY ST Z#	COUNT ONDIES IL	December	14 CHY-	ST-ZIP C	ORAL GABLES, FL 3	212	<u>† </u>		
THE		☐ DELETE	21 TITLE		-		Change	Addition	
NAME STEFF LADORESS			22 NAME 23 STREE	ADDRESS					
Offy 51 ZIF			2 4 CITY-		·				
Tifut		☐ DELETE	31 TITLE	51 20			Change	Addition	
NAME			32 NAME						
STREET ATCHESS			3 3 STREE	ADDRESS					
CITY: ST 20			3.4. CrTY-	ST-ZIP					
1001		☐ DELETE	4 1 TITLE				☐ Change	Addition	
NAME			4 2 NAME						
STEEL LAIR, (ICES)			4.3 STHEE						
CITY ST ZIF		DELETE	4.4 DITY -: 5.1 TITLE	ST-ZIP			Change	Addition	
NAMi		L_J ottett	52 NAME				TT CHARGE	Addition	
STEEL LALORISS			5.3 STREE	Annesss					
C/1Y+S! 7II'			5.3 STREE						
TifleE		DELETE	61 TITLE	. 611			Change	Addition	
NAMI			6.2 NAME				•		
STREET ALTORESIS			63 STREE	ADDRESS					
Citr-St ZP			6.4 CHTY - 1	ST - ZIP					

14. Lide 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 eath, that ham 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 this report as required by Chapter 607.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97 (305)446.5567