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

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)**DOCUMENT #** Corporation Name LIBCO CONSTRUCTION, INC. Mailing Address Principal Place of Business 8061 NW 54 CT 8061 NW 54 CT. LAUDERHILL FL 33351 LAUDERHILL FL 33351 3a. Date of Last Report 3. Date Incorporated or Qualified 03/14/1995 01/17/1978 4 FELNumber Applied For 2a. Mailing Address 2. Principal Place of Business 59-1793206 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing City & State \$5.00 May Be City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Ζφ Ζıρ Country Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HESS, DANIEL A. Street Address (P.O. Box Number is Not Acceptable) 82 **6011 RODMAN STREET** 83 HOLLYWOOD FL 33024 65 Zip Code R4 City 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: Bogistereo Agunt signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it accelerable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Change Addition PD DELETE 1 1 TITLE TITLE MASON, CARL T 1.2 NAME NAME 8061 N.W. 54TH CT. 1.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 14 CITY - ST-ZIP CITY - ST - Z:P Addition ☐ Change DELETE 2 1 TIFLE TITLE 2.2 NAME NAME 2.3 STREST ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP ☐ Addition DELETE Change 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIF CITY-ST-ZIP DELETE [] Change Addition 4 1 TATLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP [] Change Addition DELETE 5 1 THLE TITLE. 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early; 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.

INTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E034 (12/95)

4/3/96 954-484-1500