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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN OF STATE

Sandra B. Mor

Secretary of St DIVISION OF CORPO ATIONS

1997 DOCUMENT # 673595

UNIT CONTRACTING CORP. OF MIAMI

(5)

## **FILED** Apr 21 1997 8:00am Secretary of State

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	yes salanggan ni wanda mga a pyenyantangga											
Principal Place of Business 1239 DICKINSON DR. #RT 113 CORAL GABLES FL 33148		P.	lailing Addres .O. BOX 24921 ORAL GABLES S	11	B211		1 200/10 01/21 2000 14	DI QIITA 1919 VILL	210(I VIZI) <b>T</b>	INCO 1914 51 1918	11 <b>2121</b> 1 1 <b>43</b> 1	
			-					3. Date Incorporated 06/16/1980	or Qualified		te of Last I	Report
2. Principal Pia	ice of Business		2a.	. Mailing Add	dress			4. FEI Number		<u>.</u>		pplied For
21			26					59-1982481			_ N	ot Applicable
Suite, Apt #			27	Suite, Apt. :	#, etc.			5. Certificate of Status	Desired			Additional tequired
City & State			28	City & State	9			6. Election Campaign Trust Fund Contribu	**			May Be to Fees
Zφ		Country		Zıp		Country	<i>,</i>	8. This corporation ha				s. 199.032,
24	25		29	· · · · · · · · · · · · · · · · · · ·		30	<del></del>	Florida Statutes		Yes 2		
	9. Name and	Address of Cu	rrent Regis	stered Agent	<u> </u>	81	T 44	10. Name and Addres	s of New Rec	istered A	gent	<del></del>
	ILEIN, JAY					61	Name					
	9 BISCAYNE B II FL 33181	LVD.				82	Street Ad	ldress (P.O. Box Number is I	Not Acceptab	e)		
						83	1					
•						84	City			FL	85 Zip	Code
11. Pursuant to	the provisions of the provisio	of Sections 607.	0502 and € tate of Flori	607.1508, Floi da. Such cha	rida Statute	s, the abovuthorized by	e-named co	orporation submits this stater ration's board of directors. I	nent for the po hereby accep	urpose of t the appo	changing pintment a	its registered registered
agent Lan	i familiar with, an	d accept the o	bligations o	of, Section 60	7.0505, Flor	rida Statute	S.					
SIGNATURE												
SIGNATURE	Tamiliar with, an		d agent and title	e r' applicable				quired when reinstating)		DATE		
SIGNATURE		ed hame of registere	d agent and title	e r applicable CTORS		Registered Ag				DATE		
SIGNATURE E	DP ROTHLEIN. A	OFFICERS	d agent and title AND DIRE	e r applicable CTORS	(NOTE:	Registered Ap		quired when reinstating)		DATE	DIRECTO	RS IN 12
SIGNATURE E	DP	OFFICERS	d agent and title AND DIRE	e r applicable CTORS	(NOTE:	13. 1.1 TITLE		quired when reinslating) ADDITIONS/CHANG		DATE	DIRECTO	RS IN 12
SIGNATURE S	DP ROTHLEIN. A	OFFICERS SH 211 — (N/	d agent and title AND DIRE	e r applicable CTORS	(NOTE:	13. 1.1 TITLE	en) signature rec	quired when reinstating)		DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TIFLE NAME STREET ADDRESS	DP ROTHLEIN, A P.O. BOX 248	OFFICERS SH 211 — (N/	d agent and title AND DIRE	e r applicable CTORS	(NOTE:	13. 1.1 Tifle 1.2 NAME 1.3 STREET	en) signature rec	quired when reinslating) ADDITIONS/CHANG		DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TIPLE  NAME  STREEL ADDRESS  CITY-ST-7/9	DP ROTHLEIN, A P.O. BOX 249 CORAL GABL D CHRISTMAN-	OFFICERS SH 1211 — (N/ES FL ROTHLEIN, LI	d agent and title AND DIRE	e r applicable CTORS	(NOTE:	13. 1.1 Title 1.2 NAME 1.3 STREET	en) signature rec	quired when reinslating) ADDITIONS/CHANG		DATE	DIRECTO Change	RS IN 12
SIGNATURE  12.  TIPLE  NAME  STREELADORESS  CITY-SI-719  TILE	DP ROTHLEIN, A P.O. BOX 248 CORAL GABL D CHRISTMAN- P.O. BOX 248	OFFICERS SH 1211 — (N/ES FL ROTHLEIN, LI 1211 — (N/EN/EN/EN/EN/EN/EN/EN/EN/EN/EN/EN/EN/EN	d agent and title AND DIRE	e r applicable CTORS	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-\$ 2.1 TITLE	eni signature rec	quired when reinslating) ADDITIONS/CHANG	ES TO OFFICI	DATE	DIRECTO Change	RS IN 12
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SIGNATURE  12.  TIPLE NAME STREEL ADDRESS CITY-SI-7/P TIPLE NAME STREEL ADDRESS STREEL ADDRESS	DP ROTHLEIN, A P.O. BOX 248 CORAL GABL D CHRISTMAN- P.O. BOX 248	OFFICERS SH 1211 — (N/ES FL ROTHLEIN, LI 1211 — (N/EN/EN/EN/EN/EN/EN/EN/EN/EN/EN/EN/EN/EN	d agent and title AND DIRE	e r applicable CTORS	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ADDRESS	quired when reinslating) ADDITIONS/CHANG	ES TO OFFICI	DATE	DIRECTO Change	RS IN 12
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SIGNATURE  12.  TIPLE NAME SIRELI ADDRESS CITY-SI-7IP HILE BAME STREEL ADDRESS CITY-SI-7IP HILE	DP ROTHLEIN, A P.O. BOX 248 CORAL GABL D CHRISTMAN- P.O. BOX 248	OFFICERS SH 1211 — (N/ES FL ROTHLEIN, LI 1211 — (N/EN/EN/EN/EN/EN/EN/EN/EN/EN/EN/EN/EN/EN	d agent and title AND DIRE	e r applicable CTORS	(NOTE: DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 THTLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 THTLE	ADDRESS ST-ZIP ADDRESS ST-ZIP	quired when reinslating) ADDITIONS/CHANG	ES TO OFFICI	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
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Lam an officer or director of appears in Block 12 or Blog ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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