

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortharu
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15 1996 8:00 am
Secretary of State

DOCUMENT # **F07060 (9)**

1. Corporation Name
GANEM CONSTRUCTION CORP., INC.



Principal Place of Business Mailing Address
3490 SW 99 AVE. MIAMI FL 33165 **3490 SW 99 AVE. MIAMI FL 33165**

3. Date Incorporated or Qualified **11/26/1980** 3a. Date of Last Report **03/28/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **P.O. BOX 442051**

4. FEI Number **59-2061949** Applied For Not Applicable

22. City & State **27** Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State **28** City & State **MIAMI FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip Country **25** **33144** **29** Zip Country **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMEZ, RAFAEL
3490 S W 99 AVE
MIAMI FL 33165

81 Name **Hilda Gomez**
82 Street Address (P.O. Box Number is Not Acceptable) **422 Sansovino**
83
84 City **Coral Gables** FL 85 Zip Code **33146**

11. Pursuant to the provisions of Sections 607.0507 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 *Hilda Gomez*

1031 Registered Agent Signature (Required for Change)

DATE **3/15/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GANEM, MARLEN	
STREET ADDRESS	3490 SW 99 AVE.	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, RAFAEL	
STREET ADDRESS	3490 SW 99 AVE.	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	TDVP	<input type="checkbox"/> DELETE
NAME	GOMEZ, HILDA	
STREET ADDRESS	3490 SW 99 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	422 Sansovino
1.3 STREET ADDRESS	Coral Gables FL
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	422 Sansovino
3.3 STREET ADDRESS	Coral Gables, FL
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 oath, 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.

SIGNATURE: *Hilda Gomez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

DATE: **3/15/96** 839-093

CR2E034 (12/95)