

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F07060 (9)
1. Corporation Name
GANEM CONSTRUCTION CORP., INC.

Principal Place of Business
422 SANSOVINO
CORAL GABLES FL 33146
US

Mailing Address
P.O. BOX 442051
MIAMI FL 33144
US

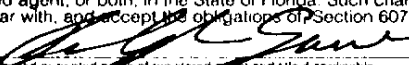


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 c/o Ivan A. Gomez, P.A. 601 Brickell Key Dr.		11/26/1980	
22 City & State		27 507		4. FEI Number	
23 Zip		28 Miami, Florida		59-2061949	
24 Country		29 33131		5. Certificate of Status Desired	
		30 USA		XX \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				XX \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOMEZ, HILDA 422 SANSOVINO CORAL GABLES FL 33146				81 Name Rafael Ganem			
				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 607.0502 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: Registered Agent signature required when reinstating) DATE 4/22/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GANEM, MARLEN	1.2 NAME	
STREET ADDRESS	422 SANSOVINO	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	TDVP	2.1 TITLE	
NAME	GOMEZ, HILDA	2.2 NAME	
STREET ADDRESS	422 SANSOVINO	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	GANEM, RAFAEL	3.2 NAME	
STREET ADDRESS	422 SANSOVINO	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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:  DATE 4/22/98 205-412-1200

CR2E034 (10/97)