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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F07060**

1. Corporation Name
GANEM CONSTRUCTION CORP., INC.

Principal Place of Business

% IVAN A. GOMEZ
 601 BRICKELL KEY DR., SUITE 507
 MIAMI FL 33131
 US

Mailing Address

% IVAN A. GOMEZ
 601 BRICKELL KEY DR., SUITE 507
 MIAMI FL 33131
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1980

4. FEI Number

59-2061949

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax. Yes No

2. Principal Place of Business

21 422 Sansovino Avenue

Suite, Apt. #, etc.

22

City & State

23 Coral Gables, Florida

Zip

24 33146

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GOMEZ, IVAN A
 601 BRICKELL KEY DRIVE
 SUITE 507
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Ivan A. Gomez, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

601 Brickell Key Drive

83

Suite 507

84 City

Miami,

FL

85 Zip Code

33131

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 *Ivan A. Gomez, P.A. By: [Signature]*, PRES 1/29/98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME GANEM, MARLEN
 STREET ADDRESS 422 SANSOUINO
 CITY-ST-ZIP CORAL GABLES FL

TITLE TDVP DELETE

NAME GOMEZ, HILDA
 STREET ADDRESS 422 SANSOUINO
 CITY-ST-ZIP CORAL GABLES FL

TITLE SD DELETE

NAME GANEM, RAFAEL
 STREET ADDRESS 8891 MILLER DRIVE
 CITY-ST-ZIP MIAMI FL

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *Rafael Ganem* RAFAEL GANEM 2/4/99 305-412-1200
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)