

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # F26141 (4)

1. Corporation Name

D.P.C. GENERAL CONTRACTORS, INC.



Principal Place of Business

Mailing Address

C/O B.S. KLEIN
1860 N.W. 21ST TERRACE
MIAMI FL 33142

C/O B.S. KLEIN
1860 N.W. 21ST TERRACE
MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

21 DPC General Contractors Inc

26 DPC General Contractors Inc

22 1860 N.W. 21ST TERRACE

27 1860 N.W. 21ST TERRACE

23 Miami FL

28 Miami FL

24 Zip 33142 Country USA

29 Zip 33142 Country USA

3. Date Incorporated or Qualified
03/20/1981

3a. Date of Last Report
02/02/1995

4. FEI Number
59-2089570

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 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

KLEIN, B.S.
1860 N.W. 21ST TERRACE
MIAMI FL 33142

81 Name OSCAR David Sever

82 Street Address (P.O. Box Number is Not Acceptable)
1860 N.W. 21ST TERRACE

83

84 City Miami FL 85 Zip Code 33142

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 607.05, Florida Statutes.

SIGNATURE

Oscar David Sever
Signature, typed or printed name of registered agent and title if applicable

President
(NOTE: Registered Agent signature required when reinstating)

2-19-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~CEO~~ ☒ DELETE
NAME ~~KLEIN, B.S.~~
STREET ADDRESS ~~1860 NW 21ST TERRACE~~
CITY-ST-ZIP ~~MIAMI, FL 8~~

TITLE ☐ DELETE
NAME LOPEZ, DAVID
STREET ADDRESS 238 E. 11TH ST.
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE
NAME SEVER, OSCAR DAVIS
STREET ADDRESS 2200 S. OCEAN DR., SUITE 116
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE
NAME MCGUIRE, DAWN A.
STREET ADDRESS 129 PALMETTO DR.
CITY-ST-ZIP MIAMI SPGS. FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 my address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96
Date

305-325-0417
Daytime Phone #

CR2E034 (12/95)