

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F81035 (0)

1. Corporation Name

SACERIO AND SONS CONSTRUCTION CORP., INC.



Principal Place of Business

10421 SW 141ST DR
MIAMI FL 33176

Mailing Address

10421 SW 141ST DR
MIAMI FL 33176

2. Principal Place of Business

2a. Mailing Address

21 SAKIE ASABOUE

26 S A A

Suite, Apt., etc.

Suite, Apt., etc.

22 HOUSE

27 HOUSE

23 MIAMI, FL

28 MIAMI, FL

24 33176

25 DADE

29 33176

30 DADE

9. Name and Address of Current Registered Agent

SACERIO, ANTONIO
10421 S.W. 141ST DR
MIAMI FL 33176

3. Date Incorporated or Qualified
05/12/1982

3a. Date of Last Report
11/17/1995

4. FEI Number
59-2128726

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

10. Name and Address of New Registered Agent

81 Name

N/A

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

83

84 City

FL

85 Zip Code

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

Signature type for period from filing date to agent's death or resignation

Signature type for period from filing date to agent's death or resignation

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE PT NAME SACERIO, ANTONIO STREET ADDRESS 10421 SW 141ST DR CITY-STATE-ZIP MIAMI FL	1. TITLE Change Addition 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP
2. TITLE S NAME SACERIO, EDILMA STREET ADDRESS 10421 SW 141ST DR CITY-STATE-ZIP MIAMI FL	5. TITLE Change Addition 6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	9. TITLE Change Addition 10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	13. TITLE Change Addition 14. NAME 15. STREET ADDRESS 16. CITY-STATE-ZIP
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	17. TITLE Change Addition 18. NAME 19. STREET ADDRESS 20. CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	21. TITLE Change Addition 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP
7. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	25. TITLE Change Addition 26. NAME 27. STREET ADDRESS 28. CITY-STATE-ZIP
8. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	29. TITLE Change Addition 30. NAME 31. STREET ADDRESS 32. CITY-STATE-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 included, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO SACERIO
PT

01/12/96 305-253-1797
Daytime Phone #

CR2E034 (12/95)