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

FILED Mar 27 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F81035 (0)SACERIO AND SONS CONSTRUCTION CORP., INC. Principal Place of Business Mailing Address 10421 SW 141ST DR 10421 SW 141ST DR MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/12/1982</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-2128726 26 Not Applicable Suite, Apl. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the currentlyear Intangible 24 25 29 Personal Property Tax due June 30. Yes ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SACERIO, ANTONIO 10421 S.W. 141ST DR R2 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 84 City Zip Code Sovisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered but agent, or boy, in the Statute of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered plan fully and accept the obligations of Section 607.0505, Florida Statutes. 11. Pursuant to the office or regime VA) : (PRES) DENT of registered agent and trice? SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition SACERIO, ANTONIO 1.2 NAME STREET ADDRESS 10421 SW 141ST DR 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change GACERIO, LABARO Addition TITLE 21 TIST F SACERIO, EDILMA NAME 2.2 NAME 10421 SW 141ST DR STREET ADDRESS 2.3 STREET ADDRESS MIAMI) PL 38176 MIAMI FL CITY-ST-7IP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 6000024730 EBange -03/31/98--01022--031 ***158.75 TITLE DELETE 6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

14. Thereby cortify 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 try-lie empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing from an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP