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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

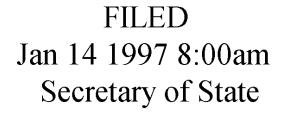
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCHMENT# ERQ '	7'1

(6)

DYNAMIC CONTRACTING CO. INC.





Principal Place of Business 20725 N.E. 16TH AVENUE SUITE 47 N. MIAMI BEACH FL 33179 2. Principal Place of Business 21 Suite, Apt. #, etc.		Ma ing Address 20725 N.E. 16TH AVENUE SUITE 47 N. MIAMI BEACH FL 33179-2126 2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/02/1982 3a. Date of Last Report 01/19/1996 4. FEI Number 59-2222448 S. Certificate of Status Desired \$8.75 Additional		
City & State 23 Zip	Country	27 City & State 28 Z(p	Country	· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution B. This corporation has liability for i	\$5.00 May Be Added to Fees nangible tax under s. 199,032,
2660	9. Name and Address of Curren SENTHAL, CHARLES O HOLLYWOOD BOULEVARD LYWOOD FL 33020		81 81 82 83 84	Street Add	Florida Statutes 10. Name and Address of New Recess (P.O. Box Number is Not Acceptable)	
office or n agent. Fai	to the provisions of Sections 607 050 ogistered agent, or both, in the State in familiar with, and accept the obligation of FICERS AN D CORTEZ, LUIS 20725 N.E. 16TH AVE.,S47	of Florida, Such change was au ations of, Section 607,0505, Flori ecand till the partials (NOTE)	Registered Ag 13. 11 TITLE 12 NAME	y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating) ADDITIONS/CHANGES TO OFFIC	urpose of changing its registered the appointment as registered DATE
CHTY-S1-ZIP TITEF NAME STREET ADDRESS CITY-S1-ZP	NO MIAMI BEACH FL	DELETE	1.4 CITY-: 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	I ADDRESS		☐ Change ☐ Addit
DITE NAME STREET ADDRESS CITY-ST-Z-P		☐ DELETE	3.1 TITUE 3.2 NAME 3.3 STREE 3.4. CITY	I ADDRESS		☐ Change ☐ Addit
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NAME STREET ADDRESS CITY-ST-ZIP			6.2 NAME 6.3 STREE 6.4 City-1	T ADDRESS ST-ZIP		

14. I do 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 arreval 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 12 or Block 13 or Block 13 or Block 13 or Block 13 or Block 14 or Block 15 or Block 15 or Block 15 or Block 15 or Block 16 or Block 17 or Block 17 or Block 17 or Block 17 or Block 18 or Block 18 or Block 18 or Block 19 or Blo

SIGNATURE:

NG OFFICER OR DIRECTOR