

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

DOCUMENT # F95058 (6)

1. Corporation Name

FLORIDA T.B. CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

2450 SW 137TH AVE
STE 221
MIAMI FL 33175-6332
US

C/O MARCIA B CABALLERO
2450 SW 137TH AVE. STE 221
MIAMI FL 33175-6332
US

3. Date Incorporated or Qualified
07/28/1982

3a. Date of Last Report
08/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2206042

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

BALSER, TOMAS
445 SW SW 133RD CT
SUITE 221
MIAMI FL 33184

81 Name

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 typed or printed name of registered agent in block capital letters)

(NOTE: Registered Agent signature required for this filing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BALSER, TOMAS
STREET ADDRESS 445 S.W. 133 COURT
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE V
NAME BALSER, CARMEN
STREET ADDRESS 445 S.W. 133 COURT
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE ST
NAME BALSER, TOMAS, JR
STREET ADDRESS 445 S.W. 133 COURT
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE - PHONE #

CR2E034 (12/95)

800001873078
-06/24/96--01031--042
***225.00

06-23-96

Carmen Balsera 6-12-96