

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

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May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95058** (6)  
1. Corporation Name  
**FLORIDA T.B. CONSTRUCTION, INC.**

Principal Place of Business <b>2450 SW 137TH AVE STE 221 MIAMI FL 33175-6332 US</b>	Mailing Address <b>C/O MARCIA B CABALLERO 2450 SW 137TH AVE. STE 221 MIAMI FL 33175-6332 US</b>
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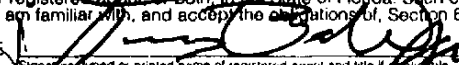


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/28/1982</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-2206042</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>BALSER, TOMAS JR. 13430 SW 1ST STREET MIAMI FL 33184</b>				10. Name and Address of New Registered Agent	

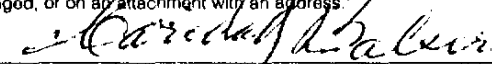
81 Name <b>BALSER, JR., TOMAS</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>350 SW 133rd Court</b>	
83	
84 City <b>Miami</b>	85 Zip Code <b>FL 33184</b>

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:  **TOMAS BALSER, JR.** 4/21/98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BALSER, TOMAS</del>	1.2 NAME	<b>P BALSER, CARIDAD</b>
STREET ADDRESS	<del>13430 SW 1ST STREET</del>	1.3 STREET ADDRESS	<b>350 SW 133rd COURT</b>
CITY-ST-ZIP	<del>MIAMI FL</del>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33184</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>D/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BALSER, CARMEN</del>	2.2 NAME	<b>BALSER, CARMEN</b>
STREET ADDRESS	<del>13430 SW 1ST STREET</del>	2.3 STREET ADDRESS	<b>350 SW 133rd COURT</b>
CITY-ST-ZIP	<del>MIAMI FL</del>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33184</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>D/VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BALSER, TOMAS JR.</del>	3.2 NAME	<b>BALSER, JR., TOMAS</b>
STREET ADDRESS	<del>13430 SW 1ST STREET</del>	3.3 STREET ADDRESS	<b>350 SW 133rd COURT</b>
CITY-ST-ZIP	<del>MIAMI FL</del>	3.4 CITY-ST-ZIP	<b>MIAMI, FL 33184</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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:  **PRESIDENT** 4/21/98 (205) 552-6450

CR2E034 (10/97)