

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996 6-11-96 B- 6802-C

DOCUMENT # G22136 (7)

1. Corporation Name

MIAMI ENTERPRISES CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

12820 S.W. 188TH STREET
MIAMI FL 33177

12820 S.W. 188TH STREET
MIAMI FL 33177

2. Principal Place of Business

2a. Mailing Address

21 12820 SW 188 ST

26 Same

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KNESKI, PETER ESQ.
19 W. FLAGLER STREET, SUITE 807
MIAMI FL 33130

3. Date Incorporated or Qualified

01/10/1983

3a. Date of Last Report

03/08/1995

4. FEI Number

59-2260290

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. 190.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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 of registered agent or change of registered agent and the date of appointment (If the Registered Agent's Signature is required, attach a separate sheet.)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PS
NAME PEREZ, GILBERTO
STREET ADDRESS 12820 S.W. 188 STREET
CITY - ST - ZIP MIAMI FL 33177

☐ DELETE

TITLE VP
NAME PEREZ, FLORINDA
STREET ADDRESS 12820 S.W. 188 STREET
CITY - ST - ZIP MIAMI FL 33177

☐ DELETE

TITLE S
NAME PEREZ, ROBERTO
STREET ADDRESS 12940 S.W. 188 STREET
CITY - ST - ZIP MIAMI FL 33177

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - 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 617, 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

6-6-96

305
2321191

FILED
Jun 11 1996 8:00 am
Secretary of State



CR2E034 (3/96)