


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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G98481** (6)
1. Corporation Name
PYRAMID BUILDING CONSTRUCTION, INC.



Principal Place of Business % ALLIXEN STEVENS 19401 NW 2ND CT MIAMI FL 33169	Mailing Address % ALLIXEN STEVENS 19401 NW 2ND CT MIAMI FL 33169-3562
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3. Date Incorporated or Qualified 04/24/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2406572	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 271 NW 193rd Street Suite, Apt. #, etc.	2a. Mailing Address 26 271 NW 193rd Street Suite, Apt. #, etc.
22 City & State 23 Miami, Florida	27 City & State 28 Miami, Florida
24 Zip 33169 Country Dade	29 Zip 33169 Country Dade

9. Name and Address of Current Registered Agent

**ALLIXEN STEVENS
19401 NW 2 CT
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name Allixen Stevens
82 Street Address (P.O. Box Number is Not Acceptable) 271 NW 193rd Street
83
84 City Miami
85 Zip Code FL 33169

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 **PRESIDENT ALLIXEN STEVENS** (NOTE: Registered Agent signature required when reinstating) DATE **4-18-97**

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME STEVENS, ALLIXEN	
STREET ADDRESS 19401 NW 2ND CT	
CITY-ST-ZIP MIAMI FL	
TITLE S	<input type="checkbox"/> DELETE
NAME STEVENS, NIKITA	
STREET ADDRESS 19401 NW 2ND CT	
CITY-ST-ZIP MIAMI FL	
TITLE V	<input type="checkbox"/> DELETE
NAME KELLAM, JERRY	
STREET ADDRESS 19401 NW 2ND CT	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Stevens, Allixen	
1.3 STREET ADDRESS 271 NW 193rd Street	
1.4 CITY-ST-ZIP Miami, FL 33169	
2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Stevens, Nikita	
2.3 STREET ADDRESS 271 NW 193rd Street	
2.4 CITY-ST-ZIP Miami, FL 33169	
3.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Kellam, Jerry	
3.3 STREET ADDRESS 258 NW 195th Terr.	
3.4 CITY-ST-ZIP Miami, FL 33169	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 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 ALLIXEN STEVENS** (705) **4-18-97 653-3499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)