FILED

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	1. Entity Nam	MENT # H55895 CONSTRUCTION, INC.		*** * *	Jan 17, 2001 8:00 am Secretary of State 01-17-2001 90097 035 ***158.75	
### PLEAN FL 33016 #### PLEAN FL 33016 ###################################	Principal Plac	e of Business	Mailing Address		_	
Suite, Apt #, etc. City & State City & State City & State City & State Country Country S. Certificate of Status Desired September 1					000	
City & State City & State City & State City & State Country C	2. Principal F	Place of Business	3. Mailing Address			
Zip Country Zip Country 5, Certificate of Status Desired \$\$\$\$\$.75 Addition Fee Required	Suite, Apt. #, etc.		Suite, Apt. #. etc.		DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAVO, ILEANA 13620 SW 17 CT MIRAMAR FL 33025 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE STREET ADDRESS OFFICERS AND DIRECTORS IN THE STREET ADDRESS OFFICERS AND DIRECTORS IN STREET ADDRESS OFFICERS AND STREET ADDRESS OFFICERS OFFICERS AND STREET ADDRESS OFFICERS OFF	City & State		City & State		4. FEI Number 59-2534851 Applied For Not Applicable	le
BRAVO, ILEANA 13620 SW 17 CT MIRAMAR FL 33025 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, byced or printed name of registered signer and title if applicable. (NOTE Registered Agent signature required when rentating) 9. This corporation is eligible to satisfy its Intrangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE MORALES, EDUARDO 1741 SW 136 WAY MIRAMAR FL 171E S Delete NAME SIRECT ADDRESS CITY-ST-ZIP MIRAMAR FL: CITY-	Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
Signature, board or printed name of registered agent and 98 of it applicable. City FL Zip Code		6. Name and Address of Current Re	egistered Agent	Name	7. Name and Address of New Registered Agent	7
MIRAMAR FL 33025 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, board or printed name of registered agent and the if applicable. (NOTE Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME MORALES, EDUARDO TITLE DP MORALES, EDUARDO TAY 136 WAY MIRAMAR FL TITLE S Delete TITLE S Delete TITLE S Delete TITLE S DELETADORESS CITY-ST-ZIP MIRAMAR FL TITLE S DELETADORESS CITY-ST-ZIP MIRAMAR FL TITLE VP Delete TITLE NAME SIRRET ADORESS CITY-ST-ZIP TITLE VP Delete TITLE C Change C Change TITLE TITLE TITLE TITLE TITLE TITLE TITLE VP Delete TITLE TI				Street Address	ss (P.O. Box Number is Not Acceptable)	-
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11.						7
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				City	FL Zip Code	7
TITLE DP Delete TITLE NAME MORALES, EDUARDO STREET ADDRESS CITY-ST-ZIP MIRAMAR FL Delete TITLE BRAVO, ILEANA STREET ADDRESS CITY-ST-ZIP TITLE VP DELETE MORALES, LAZARO STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE CTY-ST-ZIP TITLE Delete TITLE CHange Change Change	9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After MAY 1, 2001	FEE IS \$150.00 Fee will be \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
NAME STREET ADDRESS CITY-ST-ZIP MIRAMAR FL ITILE SREET ADDRESS CITY-ST-ZIP MIRAMAR FL ITILE SREET ADDRESS CITY-ST-ZIP MIRAMAR FL ITILE SREET ADDRESS CITY-ST-ZIP ITILE VP MORALES, LAZARO STREET ADDRESS CITY-ST-ZIP TITLE MORALES, LAZARO STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE MORALES, LAZARO STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE Delete TITLE CITY-ST-ZIP TITLE Delete					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\exists_{i}
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		a

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)

ILEANA BRAVO

01/09/01

(305)823-0303

Daytime Phone #