

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

FILED

Feb 18 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 # **H80295** (9)

1. Corporation Name
BRV CONSTRUCTION SERVICES, INC.



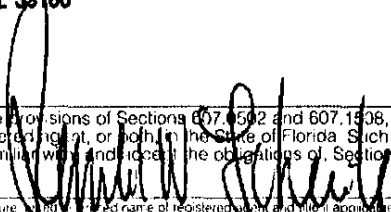
Principal Place of Business 13275 S.W. 124TH STREET MIAMI FL 33186	Mailing Address 13275 S.W. 124TH STREET MIAMI FL 33186-6408
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3. Date Incorporated or Qualified 10/10/1985	3a. Date of Last Report 03/20/1996
4. FEI Number 59-2595644	Applied For <input 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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent BATCHELOR, BRUCE L. 13275 S.W. 124TH STREET MIAMI FL 33186	10. Name and Address of New Registered Agent 81 Name Ronald W. Loheide 82 Street Address (P.O. Box Number is Not Acceptable) 13275 S.W. 124th Street 83 84 City Miami, FL 85 Zip Code 33186
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11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BATCHELOR, BRUCE L.		1.2 NAME	
STREET ADDRESS 23401 S.W. 124 AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP HOMESTEAD FL		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOHEIDE, RONALD W.		2.2 NAME Loheide Ronald W.	
STREET ADDRESS 9100 TIFFANY DRIVE		2.3 STREET ADDRESS 9100 Tiffany Drive	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, FL	
TITLE VPD	<input type="checkbox"/> DELETE	3.1 TITLE VPDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASTRO, DIEGO R.		3.2 NAME Castro, Diego R.	
STREET ADDRESS 9240 S.W. 58TH TERR.		3.3 STREET ADDRESS 9240 S.W. 58th Terr	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP Miami, FL	
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 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:  **Ronald W. Loheide, President** 2/11/97 (305)238-7953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)