

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 28 PM 3:24

DOCUMENT # J90205 (2)
1. Corporation Name
ADRO CONST., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



600002508626-3
DO NOT WRITE IN THESE SPACES

Principal Place of Business: 2600 DOUGLAS RD. SUITE 510 CORAL GABLES FL 33134
Mailing Address: 2600 DOUGLAS RD. SUITE 510 CORAL GABLES FL 33134

3. Date Incorporated on: 08/24/1987
Paid: \$150.00

21. Principal Place of Business 9350 Sunset Dr. Suite, Apt. #, etc. Suite 100 City & State Miami FL Zip 33173 Country U.S.	2a. Mailing Address 9350 Sunset Dr. Suite, Apt. #, etc. Suite 100 City & State Miami FL Zip 33173 Country U.S.	4. FEI Number 65-0015243	Applied For Not Applicable
22. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS ST
STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name Corporation Service Co.
82 Street Address (P.O. Box Number is Not Acceptable) 1801 HAYS ST.
83
84 Tallahassee FL 85 Zip Code 32301

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: Deborah H. Skipper, as agent DATE: 4-28-98

12. OFFICERS AND DIRECTORS

TITLE: EVP	NAME: ADLER, IRWIN M.	STREET ADDRESS: 2600 DOUGLAS RD. SUITE 510	CITY-ST-ZIP: CORAL GABLES FL 33134	<input checked="" type="checkbox"/> DELETE
TITLE: P	NAME: ADLER, DAVID C.	STREET ADDRESS: 2601 S BAYSHORE DR #1475	CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE: SQPO	NAME: RTER, CATHRYN L	STREET ADDRESS: 3200 SW FRWY 1220	CITY-ST-ZIP: HOUSTON TX	<input type="checkbox"/> DELETE
TITLE: D	NAME: BRADLEY, BILL C	STREET ADDRESS: 5999 SUMMERSIDE DR 112	CITY-ST-ZIP: DALLAS TX	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: V	1.2 NAME: James Carr M.	1.3 STREET ADDRESS: 9350 Sunset Dr., Suite 100	1.4 CITY-ST-ZIP: Miami, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: VS	2.2 NAME: Harold Eisencher	2.3 STREET ADDRESS: 9350 Sunset Dr., Suite 100	2.4 CITY-ST-ZIP: Miami, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: V	3.2 NAME: Leonard Cheenys, R	3.3 STREET ADDRESS: 9350 Sunset Dr., Suite 100	3.4 CITY-ST-ZIP: Miami, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: V	4.2 NAME: Diana Ibarria	4.3 STREET ADDRESS: 9350 Sunset Dr., Suite 100	4.4 CITY-ST-ZIP: Miami, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: P	5.2 NAME: Lonnie Federick	5.3 STREET ADDRESS: 1200 Soldiers Field Dr.	5.4 CITY-ST-ZIP: Sugar Land, TX 77479	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE: T	6.2 NAME: Terry White	6.3 STREET ADDRESS: 1200 Soldiers Field Dr.	6.4 CITY-ST-ZIP: Sugar Land, TX 77479	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Hal Eisencher DATE: 4/28/98

CR2E034 (10/97)