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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K86592**

(8)

1. Corporation Name

DADE CONTRACTING INC.

Principal Place of Business

**7921 NW SO RIVER DRIVE
STE. 120
MEDLEY FL 33166
US**

Mailing Address

**7921 NW SO RIVER DRIVE
STE. 120
MEDLEY FL 33166
US**

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

25

9. Name and Address of Current Registered Agent

29

30

**WOLFE, RICHARD ESQ
1031 NORTH MIAMI BEACH BLVD.
MIAMI FL 33162**

61

Name

62

Street Address (P.O. Box Number is Not Acceptable)

63

64

City

FL

65

Zip Code

11. Pursuant to the provisions of Sections 607.0902 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. Thereby I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Officer or Director)

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LARA, LUIS F**
STREET ADDRESS **8561 NW SOUTH RIVER DR**
CITY-STATE-ZIP **MEDLEY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP ☐ Change ☐ Addition

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP ☐ Change ☐ Addition

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 power of attorney 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 addition form with an address.

SIGNATURE:

Luis F. Lara **Luis F. LARA - 4/26/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JS9-2359
FILE NUMBER

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