SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

L35111 **DOCUMENT #**

(8)

APPROVED AND

1997 JUL 21 PH 12: 42

SECRETARY OF STATE TALLAHASSEE. FLORIDA

SUPERI	IOR CONSTRUCTION OF N	MIAMI, INC.						
Principal Place	of Business	Mailing Address				AT DIBUT BIRAL DI	I DI I GIBRI DI DI	
%EDELMAN MEDINA %EDELMAN MEDINA 4590 W. 9TH COURT 4590 W. 9TH COURT HIALEAH FL 33012 HIALEAH FL 33012					DO NOT WRITE IN THIS SPACE			
Timesmiris	,	MACCAN I E 05012			3. Date Incorporated or Qualified		of Last Re	hoge
					11/30/1989		29/1996	
2. Principal Pi	ace of Business	2a, Mailing Address			4, FEI Number	_li		plied For
21		26			65-0158011		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State)	City & State			6. Election Campaign Financing \$5.00 May Bo			
23		28			Trust Fund Contribution			
Zip	Country	Zip	Count	У	8. This corporation owes or has pa	id the curre		
24	25]	29 30				Personal Property Tax due June 30. Yes No		
	9. Name and Address of Currer	nt Registered Agent	8	4 No	10. Name and Address of New Re	gistered Ac	jent	
MEDINA, EDELMAN				1 Name				}
	0 W. 9TH COURT		8	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)			
HIA	LEAH FL 33012		8	<u> </u>				
			•	'				
			8	4 City		FL	85 Zip (Code
SIGNATURE	to the provisions of Soctions 607.056 egistered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered agents.				orporation submits this statement for the pration's board of directors. I hereby accel	purpose of c pt the appoi	hanging its	s registered registered
12.		ID DIRECTORS	13.	gent signature re	ADDITIONS/CHANGES TO OFFIC		MECTOR	S IN 12
TITLE	D	DELFTE	1.1 TITLE		ADDITIONS/OF ANGES TO OFFIC		Change	Addition
NAME	MEDINA, EDELMAN	1.21				- -	- •	_
STREET ADDRESS	4590 W. 9TH COURT		1,3 STREET ADDRESS		·			
CITY-ST-ZIP	HIALEAH FL		1.4 C(1)	· \$1 - ZIP				
TITLE	D	DELETE 21			C C C C C C C A A	MM	Chapce	Addition
NAME	MEDINA, CONSUELO E.		2.2 NAMI		40000224425 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
STREET ADDRESS	4590 W. 9TH COURT		2.3 STRE	1 ADDRESS	****165.00		keene 16	ຮັດດ
CITY-ST-7IP	HIALEAH FL		2 4 DITY	- ST - 7IP	*****100	J. OO 1	-4-4-4- <u>T</u> C	ÿ. 00
TITLE		☐ DELETE	3.1 1111.6				Change	Addition
NAME			3.2 NAMI					
STREET ADDRESS			3 3 STHE	T ADDRESS				ļ
CITY-ST-ZIP			3.4. CITY					
TNLE		DELETE	4.1 TITLE			L	Change	Addition
NAME .			4. 2 NAM	1				.]
STREET ADDRESS				F1 ADDRESS				
CITY-ST-ZIP		T DELETE	4.4 CITY				T Chen-	1 gaanaa
TITLE		DELETE	5.1 TITLE	J		L	Change	Addition
NAME			5.2 NAMI				•	;
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-				Change	Addition
TITLE		□] bereat	6.1 TITLE			L	า กเซเกิธ	Magnay
NAME			6.2 NAM					
STREET ADDRESS	•		4	ET ADDRESS	C((7-31-67			
CITY-ST-ZIP			6.4 CHTY	SI- (IF	S(C 7-21-97			

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 convertion or the receiver or trustee empowered to execute this report as required by Chapter 607, I torida Statutes; and that my name appears in Block 12 or Block 12 if dianged, or on an attachment with an address.