

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L52516** (6)

1. Corporation Name
SOVEREIGN CONSTRUCTION GROUP, INC.

Principal Place of Business 9805 NW 79TH AVE BAY 23 HIALEAH FL 33016 US	Mailing Address 9805 NW 79TH AVE BAY 23 HIALEAH GARDENS FL 34990 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1990	3a. Date of Last Report 03/29/1994
4. FEI Number 59-2992608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 2300 NW 94th AVE	2a. Mailing Address SAME
21. Suite, Apt. #, etc. 200	26. Suite, Apt. #, etc.
22. City & State MIAMI FL	27. City & State
23. Zip 33172	28. Zip 33172
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**ANSOURIAN, GRACE
9805 NW 79TH AVE
BAY 23
HIALEAH GARDENS FL 33016**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number, if Not Applicable)	2300 N.W. 94TH AVE #200
83. City	MIAMI FL
84. Zip Code	33172

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 _____ DATE _____
(Signature typed or printed name of registered agent and filed in duplicate) (DATE typed or printed name of registered agent when registering)

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CROXTON, ARTHUR A., II
STREET ADDRESS	663 SW WOODSIDE DR.
CITY, ST, ZIP	PALM CITY FL
TITLE	P
NAME	ANSOURIAN, GRACE
STREET ADDRESS	9805 NW 79 AVE. #23
CITY, ST, ZIP	HIALEAH GARDENS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	EXECUTIVE VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	SOSIE PEREZ DE CORCHO	
3. STREET ADDRESS	2300 NW 94TH AVE #200	
4. CITY, ST, ZIP	MIAMI, FL 33172	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Grace Ansourian*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MRS GRACE ANSOURIAN

4/28/95 (305) 470-9598
x