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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DÉPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L53883 (9) J.S.L. CONSTRUCTION CO.					I 188 JUDII ANI DIJUR IJINI (RIBI IBAR MIJ BIRIJ BIRIJ DIDIJ BIRIJ DIDIJ BIRIJ BIRIJ DIDIJ BIRIJ 1881
Principal Place of Business 7496 SW 117 AVE 154 MIAMI FL 33183 US		Mailing Address 7436 SW 117 AVE 154 MIAMI F 33183-3816 US			3. Date Incorporated or Qualified 3a. Date of Last Report 07/05/1996
2. Principal Place of Business 21 Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		- 1,,	4. FEI Number 65-0182648 5. Certificate of Status Desired Applied For Not Applicable \$8.75 Additional Fee Required
City & State 23 Zip 24	Country 25	28 Zip 29	Country 30	ı	Election Campaign Financing Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes No
9. Name and Address of Current Registered Agent WIENER, MARVIN I. 2121 PONCE DE LEON BLVD SUITE 1040 CORAL GABLES FL 33134			81 82 83		t Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code
office or re agent. I at SIGNATURE	to the provisions of Sections 607 0502 egistered agent, or both, in the State o m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was a ions of, Section 607.0505, Flo	authorized b orida Statute	y the corpo s.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered rerequired when reinstating) DATE
12. TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND DP ESPINOSA, MARTIN 7436 SOUTHWEST 117 AVENUI MIAMI FL	☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	I ADORESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	THE WILL Y &	☐ DELETE	2.1 TITLE 2.2 NAME	ADDRESS	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-	I ADORESS ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHY-S1-ZIP		DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY - 5	ADDRESS	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY - 1	I ADDRESS- ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS		DELETE	6.1 TITLE 6.2 NAME	ADDRESS	☐ Change ☐ Addition

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 logal 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 of an attachment with an address.

FILED

Feb 13 1997 8:00am

Secretary of State