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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L93890

FRANK GONI CONSTRUCTION INC.

(6)

FILED Jun 05 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									838() BIBII (1841 ULBEF (U\$)
7920 NW 179TH ST 7920 NW 179TH ST MIAMI FL 33015-2851											
÷								3. Date Incorporated or Qualified 08/14/1990		ate of Las 15/199	
· ·	Place of Busines	2a.	2a. Mailing Address				4. FEI Number Applied For				
21		26					65-0213146 Not Applicable				
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required			
City & Stat	te	├ ─¬	City & State				6. Election Campaign Financing	Prima	\$5.0	00 May Be	
23 Zip	·····	Country		Zip Country			Trust Fund Contribution Added to Fees				
24	25			h				8. This corporation has liability for intangible tax under s. 199.032,			
[24]	9. Name and Address of Current			29 30 30 Secistered Agent				Florida Statutes			
വേ	NI, FRANK		- Tomore	- Tou regoin		81	Name	TO, Harrie and Address of New Ag	JISTOLOU !	Ayem	
7920 NW 179TH ST											
	MI FL 33015	0 1		82			Street Addre	ess (P.O. Box Number is Not Acceptab	le) 		
,					ľ	83					
-						84	City		FL		ip Code
OTTICE OF I	regi s tered agen	it, or both, in the	e State of Florida	7.1508, Florida Statu Buch change was Section 607.0505, F	authorized	bv	the corporati	oration submits this statement for the plant's board of directors. I hereby accep	urpose of t the app	changin ointment	g its registered as registered
SIGNATURE	•	·-···	····								
Signature, typed or printed name of registered agent and life if applicable (NOTF: Re 12. OFFICERS AND DIRECTORS						Ager	il signature require	ed when reinstating)	DATE	DIDECT	00011140
TITLE	D	OFFICER	13 AND DIRECT	DELETE	13. 1.1 TUTL	<u> </u>		ADDITIONS/CHANGES TO OFFIC	ENS AIVL	Chang	
NAME	GONI, FRAI	NK			1.2 NAM					L Client	le CT Vocition
STREET ADDRESS	7920 NW 1						ADDRESS				
CITY-ST-ZIP	MIAMI FL				1.4 Cit						
TITLE				DELETE	2.1 101		-2"			Chang	e Addition
NAME					2.2 NAN	ΛE					
STREET ADDRESS					2.3 STR	EET A	ADDRESS				
CITY-ST-ZIP					2. 4 017	Y-\$1	1 - ZIP				
TİTLE				DELETE	3.1 T(T)					Chang	e 🔲 Addition
NAME					3.2 NAN	ΛE					
STREET ADDRESS					3.3 STR	EE1 A	ADDRESS				
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TITLE				☐ DELETE	4.1 TITL	E				☐ Chang	e Addition
NAME					4 2 NA	ME					
STREET ADDRESS					4 3 STR	EET A	ADDRESS				
CITY-ST-ZIP					4.4 CITY		- 7IP			···	
TITLE				☐ DELETE	51 TATE	-				☐ Chang	e 🔲 Addition
NAME					5.2 NAV						
STREET ADDRESS					1		ADDRESS				
CITY-ST-ZIP TITLE	_ 			DELETE	6.4 C(T)		- ZIP			Char	, Пазана
NAME					6.1 TITL		ĺ			∐ Chang	e 🔲 Addition
STREET ADDRESS					6.2 NAM		onntee				
CITY-ST-ZIP					li li		ADDRESS]
14. I do hereb	by cert ify that th	e information/a	pplied with this	filing does not qual	6.4 CITY	xen	notion stated	in Section 119.07(3)(i), Florida Statutes	Lfurther	certify th	al the

uppromortal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on attachment with an address. information indicated on this