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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
C.L. ELIAS CONSTRUE

Principal Place of Business
3001 PONCE DE LEON
201
CORAL GABLES FL 33124
US

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

poration Name

FILED
May 01 1998 8:00am
Secretary of State

Principat Place 3001 PONCE 301 CORAL GABLE US	DE LEON ES FL 33134 ace of Business If, etc.	Mailing Address 7150 SOUTHWEST 62ND SOUTH MIAM! FL 33143	once de Leor	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/06/1990 4. FEI Number 13. 65-0215596 5. Certificate of Status Desired 6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 Coral (3ab	les Fl. 3313	Traditional Contraction
24	25		30 O SA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre			10. Name and Address of New Registered Agent
128 COI	AS, CHRISTI L. ORQUIDEA AVE RAL GABLES FL 33143		63 City	ess (P.O. Box Number is Not Acceptable) FL 85 Zip Code
SIGNATURE	Signature typed or printed number of registered ag	jent and little if applicable [NOTE	. Registered Agent signature require	
12.	OFFICERS AN	ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
NAME STREET ADDRESS CITY-SI-ZIP	ELIAS, CHRISTI L. 128 ORQUIDEA AVE CORAL GABLES FL	Otter.	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS	V ELIAS, LESU J. 128 ORQUIDEA AVE	☐ DELETÉ	21 TITLE 22 NAME 23 STREET ADDRESS	☐ Change ☐ Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL GABLES FL ST ESTRADA, GLADYS M. 7150 SW 62 AVE MIAMI FL	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addilio
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	☐ Change ☐ Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition

4. I nereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 in Block 12 or Block 13 if changed for on an attachment with address.

SIGNATURE:

4/17/98

305-569-0770