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Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M19609** (0)  
1. Corporation Name  
**RANGO CONST. CORP.**

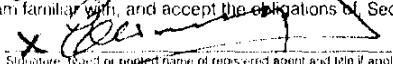


Principal Place of Business <b>3182 MARY STREET COCONUT GROVE FL 33133 US</b>	Mailing Address <b>3182 MARY STREET COCONUT GROVE FL 33133-4508 US</b>
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2. Principal Place of Business 21 <b>3184 MARY ST.</b> Suite, Apt. #, etc. 22 City & State 23 <b>COCONUT GROVE, FL</b> Zip 24 <b>33133</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>3184 MARY ST.</b> Suite, Apt. #, etc. 27 City & State 28 <b>COCONUT GROVE, FL</b> Zip 29 <b>33133</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>08/20/1985</b>	3a. Date of Last Report <b>02/27/1996</b>
		4. FEI Number <b>59-2567583</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ARANGO, EDUARDO S. 3182 MARY STREET COCONUT GROVE FL 33133</b>		10. Name and Address of New Registered Agent 81 Name <b>EDUARDO S. ARANGO</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3184 MARY ST.</b> 83 <b>COCONUT GROVE</b> 84 City <b>FL</b> 85 Zip Code <b>33133</b>	
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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD ARANGO, EDUARDO S 3182 MARY STREET COCONUT GROVE FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PD EDUARDO S. ARANGO 3184 MARY ST. COCONUT GROVE, FL 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, or on an attachment with an address.

SIGNATURE:  DATE **2/28/97** DAYTIME PHONE # **443-8382**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)