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Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # M40722 (4)

1. Corporation Name
C. TARAFA CONTRACTING, INC.

Principal Place of Business	Mailing Address
~~10404 SW 87TH CT~~ ~~MIAMI FL 33176~~ US	~~PO BOX 560728~~ ~~MIAMI FL 33256~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1986

4. FEI Number: 59-2715866 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 232 Miracle Mile	26 P.O. Box 347198
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Coral Gables, FL	28 City & State: Coral Gables, FL
24 Zip: 33134 25 Country	29 Zip: 33234 30 Country

9. Name and Address of Current Registered Agent

TARAFA, CARLOS
~~10404 S.W. 87TH COURT~~
~~MIAMI FL 33176~~

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable): 321 Campana Ave.

33

34 City: Coral Gables FL 35 Zip Code: 33156

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	PVS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TARAFA, CARLOS		1.2 NAME		
STREET ADDRESS	321 CAMPANA AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33156		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TARAFA, CARLOS		2.2 NAME		
STREET ADDRESS	321 CAMPANA AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33156		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: _____ 1/28/98 (305) 476-0015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0267852