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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

M45057

(0)

FILED Jan 26 1998 8:00am Secretary of State

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NATIC)nal design build corp	ORATION		* 1881 POLL **! B(881 \$1117 \$\$10) \$1216 18\$1 \$126	rii Biost Biblt Gräft kraft	#1817 (24 1)
Principal Pla	ace of Business	Mailing Address				
800 DOUGLAS ENTRANCE 800 DOUGLAS ENTRANCE						
SUITE 185 SUITE 185			į			
CORAL GABLES FL 33134		CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE		~~~~
US		US		3. Date Incorporated or Qualified	•	
5 Distant	Diagonal Duranes	On Mailing Address		01/16/1987 4. FEI Number	1 12	uliod For
	Place of Business	2a. Mailing Address		59-2773939	 	olied For Applicable
Suite, Ap	t. # etc.	Suite, Apt. #, etc.			\$9.75 A	
22	,	27		5. Certificate of Status Desired	Fee Rec	
City & Sta	ale	City & State		6. Election Campaign Financing	\$5.00 N	Mav Be
23	<u> </u>	28		Trust Fund Contribution		
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25		30	Personal Property Tax due June 30.		No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Regist	tered Agent	. 17 (800.47)
	IMMERMAN, HOWARD W.		81 Name			
9445 SW 63 CT			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
М	IIAMI FL 33156		83			
			63			
			84 City		FL 85 Zip C	ode
Programa	t to the providence of Continue CO7 OF	02 and 507 1509 Florida Statuta	s the above named as	prografion submits this statement for the purp		ranistered
office or	registered agent, or both, in the State	e of Florida, Such change was a	uthorized by the corpor	orporation submits this statement for the purp ration's board of directors. I hereby accept th	e appointment as r	egistered
agent. I	am familiar with, and accept the oblig	gations of, Section 607.0505, Floi	rida Statutes.		-	
SIGNATURE						_ [
	Clonature tread or adoted name of registered ac	pent and title if equiposities (NOTE	Registered Agent signature rec	ruired when reinstation)	DATE	
12.	Signature, typed or printed name of registered ag OFFICERS AN	pent and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature rec	,	S AND DIRECTORS	IN 12
12.		<u> </u>		culred when reinstating) ADDITIONS/CHANGES TO OFFICERS		IN 12
	OFFICERS AN	ND DIRECTORS	13.	,	S AND DIRECTORS	
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14. I hereby certify that the Information supplied with this filling 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 for on an attachment with an address.

MGNATURE - 1000 PER GRUAN-VP +19-98 305-444-1880