

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M55378**

(7)

1. Corporation Name

SANTA FE CONSTRUCTION CORP.

Principal Place of Business

10925 NW 27 ST
SUITE 101
MIAMI FL 33172

Mailing Address

10925 NW 27 ST
SUITE 101
MIAMI FL 33172



2. Principal Place of Business

2a. Mailing Address

21

26

State: Apt. #, etc.

State: Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

30

9. Name and Address of Current Registered Agent

BESU, SERGIO
11123 N.W. 7 ST
APT. 202
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.07(3)(b) and 607.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business, 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 duties imposed by Section 607.06(2), Florida Statutes.

SIGNATURE

[Signature]
PRESIDENT

[Signature]
2/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a	12b	12c
NAME	DP	☐ DELETE
Street Address	BESU, SERGIO	
City & State	11123 N.W. 7ST. APT. 201	
Zip	MIAMI FL	
NAME	DST	☐ DELETE
Street Address	VEGA, MANUEL	
City & State	6790 S.W. 93 AVE	
Zip	MIAMI FL	
NAME		☐ DELETE
Street Address		
City & State		
Zip		
NAME		☐ DELETE
Street Address		
City & State		
Zip		
NAME		☐ DELETE
Street Address		
City & State		
Zip		
NAME		☐ DELETE
Street Address		
City & State		
Zip		

13a	13b	13c
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

14. I do hereby certify that the information supplied herein has been truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the officer 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 created after the end with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)