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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M57449** (4)

1. Corporation Name

TOWNSEND CONSTRUCTION CORPORATION



Principal Place of Business

**C/O LOUIS CARUANA
3700 JUSTISON RD
MIAMI FL 33133
US**

Mailing Address

**C/O LOUIS CARUANA
3700 JUSTISON RD
MIAMI FL 33133
US**

3. Date Incorporated or Qualified
08/14/1987

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **1205 MARIPOSA AVE.**

26 **1205 MARIPOSA AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 306**

27 **Suite 306**

City & State

City & State

23 **CORAL GABLES, FL.**

28 **CORAL GABLES, FL.**

Zip

Country

Zip

Country

24 **33146**

25 **USA**

29 **33146**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARUANA, LOUIS
3700 JUSTISON RD
MIAMI FL 33133**

81 Name

LOUIS CARUANA

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

1205 MARIPOSA AVE.

83

Suite 306

84

CORAL GABLES

FL

85

Zip Code 33146

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

Louis Caruana, President

1-23-96

Signature, type or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPT** ☐ DELETE

1.1 TITLE **VPT** ☒ Change ☐ Addition

NAME **CARUANA, LOUIS**
STREET ADDRESS **3700 JUSTISON RD**
CITY-ST-ZIP **MIAMI FL**

1.2 NAME **CARUANA, LOUIS**
1.3 STREET ADDRESS **1205 MARIPOSA AVE. Suite 306**
1.4 CITY-ST-ZIP **CORAL GABLES, FL. 33146**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily 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; 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:

Louis Caruana, President

1-23-96 (305) 665-0912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)