

CERTIFIED MAIL # 0396 161 865

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M57983** (2)  
1. Corporation Name  
**MI-TEX CONSTRUCTION CORPORATION OF DADE COUNTY**



Principal Place of Business <b>10300 SUNSET DRIVE 482 MIAMI FL 33173 US</b>	Mailing Address <b>C/O DENNIS J. WHITE P. O. BOX 83-1358 MIAMI FL 33283-1358</b>
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2. Principal Place of Business 21 <b>10300 Sunset Dr.</b> Suite, Apt. #, etc. 22 <b>261-C</b> City & State 23 <b>MIAMI FL</b> Zip 24 <b>33173</b> Country 25 <b>US</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>08/25/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2839463</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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  
**WHITE, DENNIS J.  
11401 S.W. 40TH TERRACE  
MIAMI FL 33165**

10. Name and Address of New Registered Agent  
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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>DEAN WHITE, DIANA</b>	
STREET ADDRESS	<b>11401 S.W. 40TH TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, DENNIS J.</b>	
STREET ADDRESS	<b>11401 S.W. 40TH TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DEAN, DANIEL GONZALO</b>	
STREET ADDRESS	<b>CONDOMINIO CASTILLO DEL MAR #1346</b>	
CITY-ST-ZIP	<b>ISLA VERDE AVE. CA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, DENNIS J.</b>	
STREET ADDRESS	<b>11401 S.W. 40TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:  **Diana Dean White 04-30-97 (305) 271-2550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)