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Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N16825 (4)
1. Corporation Name

LABORERS LOCAL 800 HOLDING COMPANY, INC.

Principal Place of Business

Mailing Address

2996 N.W. 62ND STREET
MIAMI FL 331472996 N.W. 62ND STREET
MIAMI FL 33147-76323. Date Incorporated or Qualified
09/16/19863a. Date of Last Report
02/07/19964. FEI Number
65-0126739Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABORERS' LOCAL UNION NO. 800
2996 NW 62ND ST
MIAMI FL 33147

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed 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 D ☒ DELETE
NAME TOMELO, LOUIS
STREET ADDRESS 822 OKALOOSA AVE. DELETE
CITY - ST - ZIP ORLANDO FLTITLE P ☐ DELETE
NAME RAGONE, DIANE
STREET ADDRESS 7490 SW 58 ST
CITY - ST - ZIP MIAMI FLTITLE D ☐ DELETE
NAME HOGAN, JOSEPH M.
STREET ADDRESS 1710 SE MADISON ST
CITY - ST - ZIP STUART FLTITLE DST ☐ DELETE
NAME RAGONE, DIANE
STREET ADDRESS 7490 SW 58 ST
CITY - ST - ZIP MIAMI FLTITLE D ☐ DELETE
NAME SIPPO, C. ANGELO
STREET ADDRESS 511 N.W. 119TH ST.
CITY - ST - ZIP MIAMI FLTITLE D ☐ DELETE
NAME WELLS, KENTON
STREET ADDRESS 14590 S.W. 18TH CT.
CITY - ST - ZIP DAVIE FL1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME PAYNE, WILLIAM
1.3 STREET ADDRESS 2554 LAKE IDA ROAD
1.4 CITY - ST - ZIP DELRAY, FL 344452.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/97 (305) 635-8688

Daytime Phone 0030552

CR2E037 (9/96)