FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N16825

1. Corporation Name

LABORERS LOCAL 800 HOLDING COMPANY, INC.

| Princ | apaı | Place | of E | Busine |
|-------|------|--------|------|--------|
| 2996 | N.W. | 62ND | ST | REET |
| LUANA | # E1 | 224 42 | | |

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2996 N.W. 62ND STREET MIAMI FL 33147

2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 19, 1999 8:00am Secretary of State

02-19-1999 90036 004 ****61.25



3. Date Incorporated or Qualifed

09/16/1986

4. FEI Number

| 22 | | 27 | | | | | 65-01 | 26739 | | | | Applied For | |
|--|---|------------------------------------|-------------------------|--------|----------------|--|----------------------------|---------------------------------------|---------------------------|------------------|-----------------------------|------------------------|--|
| City & S | State | City & State | | | - | - + | - 00 0 | 20100 | <u> </u> | | | Not Applicable | |
| Zip | Country | 28 | | | | | 5. Certifo | ate of Status | Desired | . 🗖 | | Additional Required | |
| 24 | r— ´ | Zip | Cour | ntry | | ļ | 6. Election | n Campaign | Financing | | | | |
| 24 | 25 | 29 30 | | | | Trust Fund Contribution | | | | U.C. | \$5.00 May Be Added to Fees | | |
| Name and Address of Current Registered Agent | | | | | | 1 | | and Addres | | Registere | d Agent | 0.01.003 | |
| | | | }: | 81 | Name | • | | | | | | | |
| LABORERS' LOCAL UNION NO. 800 2996 NW 62ND ST | | | | 82 | Ctus at | t Address (B.O. Bay Number of National Address (| | | | | | | |
| | | | [' | 02 | Street / | et Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| Miami F | L 33147 | | <u> </u> | 83 | | | | | | | | | |
| | | | | 4 | | | | _ | | | • | | |
| | | | | F | City | | | | | | 85 Zip | Code | |
| 11. Pursuar | nt to the provisions of Sections 617.0502 r registered agent, or both, in the State of | and 617,1508. Florida Statute | es the abo | | named | l aa | b 2 | 4.7 | <u> </u> | F | | | |
| office of | r registered agent, or both, in the State of am familiar with, and accept the obligation | Florida. Such change was a | uthorized b | by th | ie corpo | oration's | ion submits board of di | s this statem rectors. I he | ent for the rehy accer | purpose o | of changing it | s registered | |
| | | als of, Section 617.0503, Flor | rida Statuti | es. | • | | · | | . 02) 0000 | it tile appe | Million as i | egistered | |
| SIGNATUR | Signature, typed or printed name of registered agent a | nd little if and its bloom | | | | | | | - | | | | |
| 12. | OFFICERS AND | | Registered Ag | gent s | ignature re | required wher | | | | DATE | | [| |
| TITLE | D | DELETE | | | | | ADDITIO | NS/CHANGE | S TO OF | ICERS A | ND DIRECT | ORS IN 12 | |
| NAME | CRUZ, JULIO | LJ DECETE | 1.1 TITLE | | | D | | | | , | Change | Addition | |
| STREET ADDRESS | 1 . | | 1.2 NAME | = | | GONZ | ZALEZ, | HERTY | | | | 1 | |
| | MIAMILANES EL COSAS | | 1.3 STR£ | ETAL | XDRESS | 660 | E. 39 | TH STRE | FT | | | ` | |
| TITLE | MIAMI LAKES FL 33015 | | 1.4 CITY- | ST-Z | IP . | HTAL | FAH. | FL330 | 112 | | | · | |
| | ' | ☐ DELETE | 2.1 TITLE | . – | T | D | | J.J. | | | Change | ★ Addition | |
| NAME | RAGONE, DIANE | | 2.2 NAME | | 1 | . – | AV i Di | CAIN T C | | • | onlange | ACT MODITION | |
| STREET ADDRESS | 1 % 100 011 00 01 | | 2.3 STRE | ETAD | ORESS | AOLE | AY, BI | CUNTE | | | | 1 | |
| CITY-ST-ZIP | MIAMI FL | | 2. 4 CITY- | | | 4210 | 3.W. | 21ST 'S | IKEET | | | į | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | " | HOLL | YWOOD, | ,FL | | | | <u>-</u> | |
| NAME | HOGAN, JOSEPH M. | | 3.2 NAME | | - 1 | | | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | 1710 SE MADISON ST | | 3.3 STREE | | 00566 | | | | | | | | |
| CITY-ST-ZIP | STUART FL | | | | | | | | | | | | |
| TITLE | DST | ☐ DELETE | 3.4. CITY- 4.1 TITLE | ST-Z | ₽ | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| NAME | RAGONE, DIANE | | 1 | | | | | | • | • | Change | ☐ Addition | |
| STREET ADDRESS | | | 4. 2 NAME | | Ī | | | | | | | ł | |
| CITY-ST-ZIP | MIAMI FL | | 4.3 STREE | TADO | RESS | | | | | | | - 1 | |
| TITLE | D | | 4.4 CITY- S | T-ZIF | | | | | | | | 1 | |
| IAME | SIPPO, C. ANGELO | ☐ DELETE | 5.1 TITLE | | | | | | | | Change | Addition | |
| TREET ADDRESS | SIFFO, C. ANGELU | | 5.2 NAME | | ĺ | | ÷ | | | | | | |
| , | 511 N.W. 119TH ST. | | 5.3 STREET | TADO | RESS | | | | . , | | | | |
| TY-ST-ZIP | MIAMI FL | | 5.4 CITY-S | T-ZIP | | | | | , | | | | |
| TLE | D | ☐ DELETE | 6.1 TITLE | | | | | | | - ; ; | Change | T Addis- | |
| | WATERS, JOHN | | 6.2 NAME | | ł | | | | | | · Lange | ☐ Addition | |
| | 301 N.W. 11TH AVE | | 6.3 STREET | CADA 1 | RESS | | | | | | | 1 | |
| ITY-ST-Z#P | BOYNTON BEACH FL 33435 | Í | EACITY OF | | | | | | | | | ł | |
| 4. I hereby c | ertify that the information supplied with th | is filing does not qualify for the | 0,1 5111-01 | | | - | | | | | | 1 | |

indicated on this annual report or 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 (305) Day (305) CR2E037 (11/98)