

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -2 PM 3:46

DOCUMENT # N25142 (3)

1. Corporation Name

SOUTHEAST FLORIDA LABORERS DISTRICT COUNCIL HOLD  
ING COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5959 BLUE LAGOON DRIVE  
SUITE 150  
MIAMI FL 33126-2039

2996 N.W. 62ND STREET  
SUITE 150  
MIAMI FL 33147  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1988

3a. Date of Last Report

03/24/1994

4. FEI Number

65-0130343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABORERS' DISTRICT COUNCIL OF SE FL  
2996 NW 62ND STREET  
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 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

Signature of officer or printed name of registered agent, as applicable.

(NOTE: Registered Agent signature required when reappointing)

2-15-95  
DATE

12. OFFICERS AND DIRECTORS

|                 |                        |
|-----------------|------------------------|
| TITLE           | DP                     |
| NAME            | HUSTON, ALBERT         |
| STREET ADDRESS  | 22642 S.W. 113TH PLACE |
| CITY - ST - ZIP | MIAMI FL               |
| TITLE           | D                      |
| NAME            | CHAPMAN, MANNIE        |
| STREET ADDRESS  | 17415 N.W. 17TH AVENUE |
| CITY - ST - ZIP | MIAMI FL               |
| TITLE           | D                      |
| NAME            | SIPPIO, C. ANGELO      |
| STREET ADDRESS  | 511 N.W. 119TH ST      |
| CITY - ST - ZIP | MIAMI FL               |
| TITLE           | D                      |
| NAME            | RAGONE, DIANE          |
| STREET ADDRESS  | 7490 S.W. 58TH STREET  |
| CITY - ST - ZIP | MIAMI FL               |
| TITLE           | D                      |
| NAME            | WELLS, KENTON          |
| STREET ADDRESS  | 14590 S.W. 18TH CT.    |
| CITY - ST - ZIP | DAVIE FL               |
| TITLE           |                        |
| 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DIANE RAGONE

DIANE RAGONE

2/15/95

635-8658

(Signature Printed)