FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P92000002374 (6)

DOCUMENT #

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

N. L. CONSTRUCTION COMPANY

Principal Place of Business Mailing Address									
1915 NW 134 MIAMI FL 33		1915 NW 134TH ST Miami Fl 33167							
MICHIEL EL	•••				3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1995				
2. Principal Place of Business			2a. Mailing Address			4, f El Number		Applied I	For
i i		26	_			65-0369321		Nat App	dicable
Suite, Apt. #, etc		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		28	Oty & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fees			es .
Ζ φ	Zip Country 25		Zip Country 9 30			R. 1trs corporation has liability for intangible tax under's 199.032, Florida Statutes			2,
	g, Name and Addr	ess of Current Regis	tered Agent			10. Name and Address of New R	egistered Ag	jent	
				81	Name				
LAURENT, NICOLAS S 1915 NW 134TH ST MIAMI FL 33167				82 Street Add		dress (P.O. Box Number is Not Acceptab	le)		
						the standard of the standard o			
				84	City		~ 	85 Zip Code	
					,	oration submits this statement for the pur	FL		
12.	Signature hypotroxy rate from	OFFICERS AND DIRE	CTORS	13.		ADDITIONS/CHANGES TO OFF			
12. TILLE	T-D	OFFICERS AND DIRE	DELETE	1 t Tilt	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF		Change	
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NAME			L. Beccir	€ 2 NAME					
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6.4 CiTY - ST - ZiP

14. Lob 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 trusted empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR