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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200003516 (1)

BARONIEL CONSTRUCTION, INC.

		Place		Business
4931	SW	142ND	P	LACE

Mailing Address

4031 SW 143ND PLACE

## **FILED** Apr 28 1997 8:00am Secretary of State



MIAMI FL 33175		MIAMI FL 33175-5025						
					3. Date Incorporated or Qualified 11/04/1992	3a. Date of L 07/15/19		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	L	Applied For	
21		26			65-0380008		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired     Section			
City & State		City & State	<del></del>		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zipi	Country	Zφ	Countr	у	8. This corporation has liability for	intangible tax ur	der s. 199.032,	
24	25	29	30			Yes No		
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent		
BAF	roniel, Elias		81	Name				
493	I SW 142ND PLACE	· ·	8:	Street Add	Iress (P.O. Box Number is Not Acceptate	ole)		
MIA	MI FL 33175			0,,00,,,40				
			8:	3				
			-	City			7in Cada	
			84			FL 85	Zip Code	
11. Pursuant office or ragent it a	to the provisions of Sections 607.00 registered agent, or both, in the Sta im familiar with, and accept the obli	502 and 607.1508, Florida Stat te of Florida. Such change wa gations of, Section 607.0505,	tutes, the above s authorized b Florida Statute	ve-named corpora by the corpora os.	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of changot the appointment	ging its registered ent as registered	
SIGNATURE								
	Signature, typed or printed name of registered a			gent signature requ	ired when reinstaling)	DATE		
12.		ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICE			
Tille	PD	☐ DELETE	1.1 TOTLE			Ľ Ct	nange	
NAME	BARONIEL, ELIAS		1.2 NAME					
STREET ADDRESS	4931 SW 142ND PLACE		1.3 STREE	T ADDRESS				
City - ST - 7IP	MIAMI FL 33175		1.4 CITY-	ST-ZIP	, , , , , , , , , , , , , , , , , , ,			
TITLE		☐ DELETE	21 TITLE			☐ Cr	nange 🔲 Addition	
NAMI			22 NAME	•				
STREET ADDRESS			2 3 STREE	T ADDRESS				
CITY STORE			2 4 CITY	- ST - ZIP				
THEF		DELETE	3.1 TITLE			☐ Cr	nange 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREI	T ADDRESS		3		
CITY - ST - Z0*			3.4, CITY	·SI-ZIP	•			
TITLE		DELETE	4.1 TITLE			☐ Cr	nange Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS				T ADDRESS				
			4.4 CITY-					
TITLE		DELETE	5.1 Trille				nange Addition	
NAM:		VICEIL	5.2 NAME		A	,		
STREET ADDRESS			ľ	T ADDRESS				
CHY-ST Zir		☐ DELETE	54 CITY -			C	nange Addition	
TALE		☐ DETE   F	61 TITLE	•			range LI MOUITO!!	
NAME			6.2 NAME					
STHEET ADDRESS			1	T ADDRESS				
CDY-S1-Z#			6.4 CiTY	ST-ZIP				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and sated 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 charged or on an attachment with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR