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CORPORATION ANNUAL REPORT

1996

1. Corporation Name



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000004734 (9)

| TOLA | CONSTRUCTION | INC | |
|------|--------------|-----|--|

THEM CONSTRUCTION, INC. Principal Place of Business Maling Address 14028 SW 140 SYREET 14028 SW 140 STREET MIAMI FL 33186 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 11/09/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0377778 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees $Z_{(p)}$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MANGIALETTO, JOHN A JR 82 Street Address (P.O. Box Number is Not Acceptable) 14028 SW 140 STREET 83 MIAM! FL 33186 City 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. John Mang 14 lette OWNER/MES. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THE DELF TE 1. 1 TITLE ☐ Change ☐ Addition NAME MANGIALETTO, JOHN A JR 1.2 NAME STREET ADDRESS 8140 SW 133 STREET 13 STREET ADDRESS CITY - ST - ZIP MIAMI FL 33156 14 CITY-ST-ZIP TITLE DELETE 2 1 TITLE Change ■ Add:tion NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS DITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3. 1 TITLE Change ☐ Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4. 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP TITLE DELETE ☐ Change 5. 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIF DELETE TITLE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name

SIGNATURE:

MANGIALIETTO

appears in Block 12 or Block 13 if changed, or on an attachment with an address

4/18/96

(12/95)

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