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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortinami Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9200007131 (5) 1. Corporation Name INTERSTATE CONSTRUCTION & DEVELOPMENT CORP. Principa' Place of Business Multing Achitess											
POST OFFICE BOX 810064 SUITE 176 BOCA RATON FL 33481 US		PO: SUI BO	Mailing Additions POST OFFICE BOX 810064 SUITE 176 BOCA RATON FL 33481 US								
						3.	Date 11/23/199	2 Qualified	3a. Date 07	/27/1	995
21	ace of Business	2a. Mail 26	2a. Mailing Address 26				FEI Number 65-0393 9	937	L	\vdash	Applied For Not Applicable
Suite, Apt. : 22	#, etc.	Saite 27	Suite, Apt. #, etc.				Certificate of Statu	is Desired		8.75	Additional Required
Orty & State		City 28	City & State				Election Campaign	_		\$5.0	May Be d to Fees
Ζφ 24	Country 25	Zφ	F1		Country 30			intangible tax under s 199.032,			
	9. Name and Address of Curre		Agent	. 15.51			Name and Addre				
LIZAM	A, IGNACLO F.			8	1 Name						
21682 SAN SIMEON CIRCLE				8:	2 Street Addre	ess (P.0	D. Box Number is	Not Acceptabl	le;		
BOCA	RATON FL 33422			8:	3						
											
				84	1 '					1 1	p Code
familiär witt SIGNATURE	o the provisions of Sections 607,050, ad agent, or both, in the State of Flori h, and accept the obligations of, Sec	ion 607.0506, raiotre tagécas	Florida Statutes		poration's board	CI CII CHI	ectors i hereby ac	ent for the purpose the appointment of the appointm	pose of changii ∍ntment as reg Ti∧n	ag its ri istered	egistered office : egent. Fami
12.	OFFICERS AN	D DIRECTORS	5 13.				ADDITIONS/CHAN	GES TO OFFI			RS IN 12
TITLE	LIZAMA, IGNACIO F		DELETE	1 1 TITLE							Addition
NAME	1500 SAN REMO AVENUE	SUITE 176	UITE 176								
STREET ADDRESS	CORAL GABLES FL 33146	0011E 170			TADDRESS						
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	Fig. Oc. ere	1.4 CITY							
NAME			DELETE	2 1 THILE					□ c	hange	☐ Addition
STREET ADDRESS				2.2 NAME							
City - ST - ZiP					T ADDRESS						
TITLE			DELETE	2.4 CHY- 3.1 THRE							
NAME				3.2 NAME					c	nange	☐ Addition
STREET ADDRESS				1	1 ADDRESS						
CITY-ST-7IP				3.4 CITY -							
TITLE			DELFTE	4 1 TITLE					ПС	nanne	Addition
NAME				4.2 NAME					L	g	
STREEL ADDRESS				4.3 STREE	LADDRESS						
CITY-ST-ZIP				4.4 Cily -	ST Zif-						
TITLE			DELETE	5 1 THEF					Cr	nange	Addition
NAME				5.2 NAME					_		-
STREET ADDRESS				5.3 STHEF	7 ADURESS						i
C/TY-ST-7:P				5.4 CITY - :	Sr-ZIP			~~			
TATLE			DELETE	6 1 HILE					Cr	lange	Addition
NAME Closer appases				6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP				6.4 CITY S	ST - 246						

14. If 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 cath; that I am an officer or director of the conjugation or this reviewer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block.

SIGNATURE:

SIGNATURE MANO TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 407-338-7078

CR2E034 (12/95)