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

PROFIT CORPORATION ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1000			
POCU Corporation	MENT # P93000	0009724 (4)		
1	VEL CONSTRUCTION INC.	` ,		
				! ACAMERI DIR IRARA AMILICANI CAND CAND CAND CAND CAND CAND CAND CAND
Principal Place of Business		Mailing Address		
+6402 NE-27-AVENUE NORTH-MIAMI-FE-33160		NORTH MIAMI-BEACH FL 33160		
110		Ü		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal P	Yace of Business	26. Mailing Address		02/09/1993 4- FEI Number Applied For
21 903	N. North Lake Da.	26 SAME		65-0388881 Not Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & Stat	~	City & State		Fee Required
23	" Mussal FC	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Caunity	Zip	Country	This corporation owes or has paid the current year Intangible
24 336			80	Personal Property Tax due June 30. X Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
30	IVMINER, GORDON 00 SW 287H TERRACE			DAVID HORRARI
SE	CIONDIFLOOR/			Address (P.O. Box Number is Not Acceptable) 903 N. North Lake No.
M	AMILEL 33133		83	
			84 City ,	85 Zip Code
31 Durange	007.0500		<i>\</i>	HOLLYWOOD FL 33019
office or r	registered agent, or both, in the State of	of Florida. Such change was au	thorized by the corp	ed corporation submits this statement for the purpose of changing its registered or
I -	am tamiliar with, and accept the obligat	tions of, Section 607.0505, Fiori	da Statutes.	1-6-98
SIGNATURE	Signature, typed or ponted name of registered agent	and the if applicable (NOTE)		are required when rolnstating) DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	PD Ferrari, David	□ offet	1 1 TITLE 1.2 NAME	S change
STREET ADDRESS	18492 NE-27-AVENUE		1.3 STREET ADDRESS	903 N. NORTH LAKE DR.
CITY-ST-ZIP	NORTH MIANI-BEACH FL		1.4 CNY-ST-ZIP	HOLYWOOD FL 33019
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 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 STREET ADDRESS			4. 2 NAME	
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 City-St-Zip	
TITLE		☐ DELETE	51 TiTLE	Change Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	,
CITY-ST-ZIP	<u> </u>	The section	5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE 6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS	
SINCE ADDITION			ale emiller Applicas	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1-1-98

954,474-4101

FILED

Jan 20 1998 8:00am

Secretary of State