SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT-DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

ſ	MENT # P9300 OUNTY CONSTRUCTION, (0015209 (8) CORP.				
Principal Place of Business Mailing Address] (CANISAN IN NENDE ININ ELIN D\$IN D\$	
555 EAST 25TH ST. 555 EAST 25TH ST.						
#210 #210					DO NOT WRITE	IN THE COLOR
HRALEAH FL 3	,	HIÁLEAH FL 33010			3. Date Incorporated or Qualified	3a. Date of Last Report
	•				03/01/1993	06/20/1996
2. Principal Place of Business 2a, Mailing Address					4. FEI Number	Applied For
21 26					65-0390625	Not Applicable
Suite, Apt. #, etc. Suile, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27						Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
Zip	Country Z _(p)		Country		Trust Fund Contribution	Added to Fees
24	25	29	30		This corporation owes or has pair Personal Property Tax due June	\rightarrow
	g, Name and Address of Curre		1001		10. Name and Address of New Re	
GA	RCIA, PABLO R		81	Name		
555 EAST 25TH ST.				Street Add	ress (P.O. Box Number is Not Acceptab	le)
MIAMI FL 33010						
			83			
			84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,						FL 8 25 COO
SIGNATURE	Signature, typed or printed name of registered ag	ent and trile if applicable (NO	TE : Registered Agen		tion's board of directors. I hereby acceptions when reassating)	DATE
12.	PD OFFICERS AN	OFFICERS AND DIRECTORS 13			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME		NATIONAL TARRICO				change Adoltion
STREET ADDRESS	555 EAST 25TH ST. #210		1.2 NAME 1.3 STREET A	NADEGC		·
CITY+ST-ZIP	HIALEAH FL 33010		1.4 CITY - ST	- 1		
TITLE	111111111111111111111111111111111111111	DELETE 2				☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS	1		2.3 STREET A	DDRESS		
CITY-ST-ZIP	,		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE 31		T		☐ Change ☐ Addition
NAME			3.2 NAME			*
STREET ADDRESS			3 3 STREET A	1		
CITY-ST-ZIP			3.4. CHY+ST	- ZIP		Chara Ladren
TITLE		[Uttell	4.1 TITLE			Change Addition
NAME STORET ADDRESS			4. 2 NAME	DUBECC		<u> </u>
STREET ADDRESS CITY-ST-ZIP			4.3 STREET A			
TITLE			5.1 TiTLE	211		Change Addition
NAME	_		5.2 NAME			
STREET ADDRESS			53 STREET A	DDRESS		
CITY-ST-ZIP			5.4 CITY-ST			
TITLE			61 TITLE			Change Addition
NAME			6.2 NAME	1		ł
STREET ADDRESS		(_)	6.3 STRELT A	DORESS		
CITY-ST-ZIP	-	\longrightarrow N	6.4 CITY - S1	ZIP		

4. I do hereby certify that the information supplied with this flips does not callify 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 epost 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 discort of the carporation withe receive or to true of proposers in Block 12 or Block 13 if changed or of an algorithm of the proposers.

OLONIATURE.

MACRITHET

2/14/9-

FILED

Jul 18 1997 8:00am

Secretary of State