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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000028763 (9)

SPHINX CONSTRUCTION, INC.

Principal Place of Business

-0140 OW 80TH AVE | MIAMI FL 83156 Mailing Address

9140-SW-90TH-AVE MIAMI FL 33156-7436

FILED May 02 1997 8:00am Secretary of State



Solution	MINIMI PL 63130	,	MINIMI 1 E 90 90 / 130						
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State Stat	 		Registered Agent			10. Name and Address of New Re	gistered A	gent	
MIAMI FL 33156 B				61	Name				
Base City FL Base Zip Code	• • • • • • • • • • • • • • • • • • • •								
Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statues the above named corporation automats this statement for the purpose of changing its register of agent, or both, in the Statue of florida. Such changing was authorized by the corporation's board of directors. Truckly accept the appointment as registerio agent, and agent, or both, in the Statue of florida. Such changing was authorized by the corporation's board of directors. Truckly accept the appointment as registerio agent, and agent, or both, and accept the obligations of Corporation (67 0506, Florida Statutes) International Corporation International Corporational Cor									
1. Pursuant to the provisions of Sections 607 0502 airs 607 1506, florids Statutes the above named corporation submits this attetement for the purpose of charging its register of agent, in the State of Horida. Statit change was authorized by the corporation's board of directors. Thereby accept the appointment as registero agent, it is milliar with, and accept the appointment as flags to agent. I is milliar with, and accept the appointment as registero (SOC), Florida Statutes Summary type of principlature of registered agent and tall alignments agent (agent agent agen									
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Squanture typed or period hance of ting develocity agreed	•	n tamiliar with, and accept the onligat	ions of, Section 607.0505, Fronc	na Statutes					
PTD	SIGNATURE :	Signature, typed or pented name of registered agent	and the if applicable (NOTE R	logis ored Agent	signature requi	and when renstating)	DATE		
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6,4 CRY-ST-ZIP 4. I do 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 eath;	STREET ADDRESS			63 STREET AL	DDRESS				
4. I do 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 eath;	CITY-ST-ZIP			6,4 CITY - ST -	zir				
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I am an officer or director of the corporation or the society 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 a contact ment with an address.	l am an of	ifficer or director of the corporation or t	ha pogiver or trustee empower	. and accura ed to execu	are and ma te this repo	ort as required by Chapter 607, Florida	Statutes; ar	nd that my	name