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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathis
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000029028 (6)

1. Corporation Name

ARIAS CONSTRUCTION, INC.



Principal Place of Business

**4050 S.W. 128TH AVENUE
MIAMI FL 33175**

Mailing Address

**4050 S.W. 128TH AVENUE
MIAMI FL 33175**

2. Principal Place of Business

2a. Mailing Address

21 **14614 S.W. 59 Terrace** 26 **14614 SW 59 Terrace**

Suble. Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23 **Miami, FLORIDA**

28 **MIAMI, FLORIDA**

Zip

Country

Zip

Country

24 **33183**

25 **USA**

29 **33183**

30 **USA**

9. Name and Address of Current Registered Agent

**ARIAS, MIGUEL
4050 S.W. 128TH AVENUE
MIAMI FL 33175**

81

Name **Arias, Miguel**

82

Street Address (P.O. Box Number Not Acceptable)
14614 SW 59 Terrace

83

84

City **Miami, FL** 85 Zip Code **33183**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.

SIGNATURE

Signature typed or printed in block letters, and the name of the signatory.

Signature typed or printed in block letters, and the name of the signatory.

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PSTD ARIAS, MIGUEL	4050 S.W. 128TH AVE.	MIAMI FL 33175	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
	PSTD ARIAS, Miguel	14614 SW 59 Terrace	Miami, FL 33183	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I do hereby certify that the information supplied with this form is voluntarily furnished and is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this annual report or supplemental report is true and correct to the best of my knowledge and belief. I declare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or as an attachment with an address.

SIGNATURE-X

Miguel Arias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ARIAS**

3-26-96 (305) 387-1882

CR2E034 (12/95)