

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.)

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000030102 (6)

1. Corporation Name

FARNESI CONSTRUCTION CORP.



Principal Place of Business

P.O. BOX 561046
MIAMI FL 33157

Mailing Address

P.O. BOX 561046
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1993	3a. Date of Last Report 02/06/1996
4. FEI Number 65-0408392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

FARNESI, LORIS M
14435 SW 95TH AVE.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81. Name	FARNESI, LORIS M.
82. Street Address (P.O. Box Number is Not Acceptable)	3501 TORREMOLINOS AVE.
83. City	MIAMI
84. State	FL
85. Zip Code	33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D P
NAME	FARNESI, LORIS M	1.2 NAME	Farnesi, Loris M
STREET ADDRESS	14435 SW 95TH AVE.	1.3 STREET ADDRESS	3501 Torremolinos Ave.
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	Miami FL 33172
TITLE	D	2.1 TITLE	
NAME	FARNESI, OLGA M	2.2 NAME	
STREET ADDRESS	14435 SW 95TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	DV
NAME	BORRON, CARLOS	3.2 NAME	Borron, Carlos
STREET ADDRESS	14853 SW 104TH ST.	3.3 STREET ADDRESS	13900 SW 71 Lane
CITY-ST-ZIP	MIAMI FL 33196	3.4 CITY-ST-ZIP	Miami, FL 33183
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE

9/14/97 305-25-5947

CP2E034 (4/97)