

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC3000056621

1. Corporation Name

Coreslab Structures (Orlando) Inc.

200001519182
-06/21/95--01037--023

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11041 Rocket Blvd. Orlando, Fl. 32824	11041 Rocket Blvd. Orlando, Fl. 32824

3. Date Incorporated or Qualified 08/12/1993	3a. Date of Last Report 043094
4. FEI Number 59-3199149	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 has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 County	29 County
25	30

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, Fl. 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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) _____
(Date) _____

12. OFFICERS AND DIRECTORS

TITLE	D.
NAME	Franciosa Luigi
STREET ADDRESS	1121 Heritage Road
CITY - ST - ZIP	Burlington Ontario Canada L7L 4Y1
TITLE	D
NAME	Franciosa Mario
STREET ADDRESS	1121 Heritage Road
CITY - ST - ZIP	Burlington Ontario Canada L7L 4Y1
TITLE	D
NAME	Franciosa Dominic
STREET ADDRESS	1121 Heritage Road
CITY - ST - ZIP	Burlington Ontario Canada L7L4Y1
TITLE	D
NAME	Spiegel Sidney
STREET ADDRESS	262 Wilson Avenue
CITY - ST - ZIP	Downsview Ontario Canada M3H 1S6
TITLE	D
NAME	Spiegel Robert
STREET ADDRESS	262 Wilson Avenue
CITY - ST - ZIP	Downsview Ontario Canada M3H 1S6
TITLE	Vice President
NAME	Harrison Michael
STREET ADDRESS	11041 Rocket Blvd.
CITY - ST - ZIP	Orlando, Fl. 32824

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(b), 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: Michael Harrison Michael Harrison 050195 407-855-3191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (day/month/year)