## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 12 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000057173 (5)

## STRUCTURAL REPAIR AND MAINTENANCE INTERNATIONAL, INC.

8490 NW 68 S Miami Fl 3316 US			8490 NW 68 STREET Miami FL 33168-2661 US				·	Date Incorpor		alified	3a, Dat	e of La	•	oort
2. Principal P	lace of Business	2a. Mailing	Address					El Number		·	1	<del>-/   -</del>	· · · · · · · · · · · · · · · · · · ·	lied For
21		26	26			65-0435273					Not Applicable			
Suite, Apl	#, etc.	Suite, A	Suite, Apt. #, etc.						·	D	\$8.7	5 Ac	Iditional	
22		27	27			<b>5.</b> 0	Certificate of	Status Des	irea	لنبا	Fee	Req	ulred	
City & State	0	├-¬ ´	City & State					lection Cam rust Fund Co		ncing	\$5.00 May Be Added to Fees			
Zip	Country	Zip	1	Country	7			his corporat		ility for i	ntangible t			
24	25	29	Ī	30				lorida Statut			Yes 🗷			
		of Current Registered Ag	ent				10. 1	lame and A	ddress of l	New Re	platered A	gent		
SAN	IDRI, DAVID M			81	N	ame								
		82 Street Add			dross /D C	). Box Numb	or in Alat A	ooontob	lo)					
	0 NW 68 STREET MI FL 33166		٥			HEEL AU	iuless (F.C	J, BOX NOTE	אוטוא פו ופּל	cceptab	10)			
- Min.	MIT 1 L 00 100		,	83	1									
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				84	C	ity					FL	85	žip Co	ode
office or r agent La SIGNATURE		ns 607,0502 and 607,1508, in the State of Florida, Such it the obligations of, Section registers again and title if applicabil		s, the above thorized by rida Statute : Registered Ag					statement ors. I hereb	oy accep	orpose of the appo	intmen	ig its t as re	registered egistered
12.		ICERS AND DIRECTORS		13.				DITIONS/CI	HANGES TO	O OFFIC	ERS AND	DIREC	TORS	IN 12
TITLE	DP		OELETE	1.1 TITLE			SIP .					Char	ige	Addition
NAME	SANDRI, DAVID			1.2 NAME		ļŞ	SANDE	I, DAVI	DM.	_				
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CITY - ST - ZIP	MIAMI FL 33166			1.4 CITY~	ST- ZI	P   M	MAMI,	FLB	3166					
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NAME	SANDRI, MARLI M			3.2 NAME				, MARL	T M.					
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NAME	SANDRI, MARLI M.			4. 2 NAME										
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CHTY+ST+ZIP				5.4 CITY -	ST - 71	ı <sub>P</sub>								
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NAME				6.2 NAME		.								
STREET ADDRESS	Ì			6.3 STREE		HESS								

4.4 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.