

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000060388 (4)**

1. Corporation Name

L.R. CONSTRUCTION GROUP, INC.



Principal Place of Business

**7105 SOUTHWEST 47TH AVENUE
UNIT 403
MIAMI FL 33155**

Mailing Address

**7105 SOUTHWEST 47TH AVENUE
UNIT 403
MIAMI FL 33155**

2. Principal Place of Business

21 7105 SOUTHWEST 47 ST,

Suite, Apt. #, etc

22 UNIT # 403

City & State

23 MIAMI FL,

Zip

24 33155

Country

25

2a. Mailing Address

26 7105 SOUTHWEST 47 ST,

Suite, Apt. #, etc

27 UNIT #403

City & State

28 MIAMI FL,

Zip

29 33155

Country

30

9. Name and Address of Current Registered Agent

**PRATS, GABRIEL
151 MAJORCA AVENUE
CORAL GABLES FL**

3. Date Incorporated or Qualified

08/25/1993

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0439935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 officer or director

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D RIVERO, LUCIO A**
STREET ADDRESS **7105 SOUTHWEST 47TH STREET UNIT 403**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ DELETE
NAME **SD RIVERO, ALINA A**
STREET ADDRESS **7105 SOUTHWEST 47TH STREET UNIT 403**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 662-6844

DATE

CR2E034 (12/95)