

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

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000065201 (4)**

1. Corporation Name  
**LUCKY COMMERCIAL CONTRACTORS, INC.**



Principal Place of Business <b>3550 BISCAYNE BLVD STE 404 MIAMI FL 33137 US</b>	Mailing Address <b>3550 BISCAYNE BLVD STE 404 MIAMI FL 33137-3654 US</b>
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3. Date Incorporated or Qualified <b>09/14/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0439198</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent

**HOLLAND, BRIAN  
5761 NORTHWEST 37TH AVENUE  
MIAMI FL 33142**

10. Name and Address of New Registered Agent

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

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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DULMAN, SIDNEY</b>	1.2 NAME	
STREET ADDRESS	<b>5761 NORTHWEST 37TH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSTD</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLLAND, BRIAN</b>	2.2 NAME	
STREET ADDRESS	<b>5761 NORTHWEST 37TH AVENUE</b>	2.3 STREET ADDRESS	<b>S</b>
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	2.4 CITY-ST-ZIP	<b>SWAN, MARGOT R.</b>
TITLE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>3550 Biscayne Blvd., Ste 404</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Miami, FL 33137</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>VTD</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>HOLLAND, BRIAN</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>5761 N.W. 37 Ave.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Miami, FL 33142</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sidney Dulman*  
**Sidney Dulman**

**3/25/97**

**(305) 576-1600**

Date

Daytime Phone #

0187062

CR2E034 (9/96)