

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

FILED

Apr 30 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 # P93000071340 (2)

1. Corporation Name

REDDEN CONSTRUCTION CORP.



Principal Place of Business

Mailing Address

9990 BROAD CHANEL RD.  
MIAMI, FL 33157  
US

P.O. BOX 970542  
MIAMI, FL 33197-0542  
US

3. Date Incorporated or Qualified

10/07/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 10715 SW 190th Street

2a. Mailing Address

26 P.O. Box 971022

4. FEI Number

65-0451717

Applied For

Not Applicable

Suite, Apt. #, etc.

22 # 33

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 Miami, Fla

City & State

28 Miami, Fla

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 33157

Country

25 USA

Zip

29 33197-1022

Country

30 USA

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

9. Name and Address of Current Registered Agent

REDDEN, THOMAS L JR

9990 BROAD CHANEL RD.

MIAMI FL 33157

10715 SW 190th Street  
Miami, Fla 33157

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME REDDEN, THOMAS L J  
STREET ADDRESS 9990 BROAD CHANEL RD.  
CITY- ST- ZIP MIAMI FL 10715 SW 190th St.  
Miami, Fla 33157

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0246062

CR2E034 (9/96)