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

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Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P94000000786 (1)**

1. Corporation Name
NEXT CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~901 PONCE DE LEON BLVD~~	~~901 PONCE DE LEON BLVD~~
~~SUITE 600~~	~~SUITE 600~~
~~CORAL GABLES FL 33134~~	~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/29/1993**

2. Principal Place of Business	2a. Mailing Address
21 **3850 Bird Road 2nd Floor Miami, Florida 33146**	26 **3850 Bird Road 2nd Floor Miami, Florida 33146**
22	27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

4. FEI Number: **65-0457415** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~HECTOR FORMOSO-MURIAS, ESQ.~~	81 Name: E DANIEL LOPEZ
~~1101 BRICKELL AVE~~	82 Street Address (P.O. Box Number is Not Acceptable): 3850 Bird Road
~~PENTHOUSE~~	83: 2nd Floor
~~MIAMI FL 33131~~	84 City: MIAMI FL 85 Zip Code: 33146

11. Pursuant to the provisions of Section 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 _____ 8/5/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, E. DANIEL		1.2 NAME	
STREET ADDRESS	901 PONCE DE LEON BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	
TITLE	DPS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MATO, MANUEL M		2.2 NAME	
STREET ADDRESS	901 PONCE DE LEON BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VERDEJA, MIKE		3.2 NAME	
STREET ADDRESS	901 PONCE DE LEON BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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 E Daniel Lopez 8/5/98 305)445-1171