

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

**FILED**

**Apr 24 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 # P94000001679 (7)**  
1. Corporation Name  
**LA ROCA CONSTRUCTION CORP.**



Principal Place of Business <b>13780 SW 56TH STREET STE 218 MIAMI FL 33183 US</b>	Mailing Address <b>13780 SW 56TH ST STE 218 MIAMI FL 33175-6037 US</b>
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<b>3. Date Incorporated or Qualified</b> 12/30/1993	<b>3a. Date of Last Report</b> 05/01/1996
<b>4. FEI Number</b> 65-0458266	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

**9. Name and Address of Current Registered Agent**

**ALEJANDRO, NUNEZ**  
**6381 SUNSET DRIVE**  
**MIAMI FL 33143**

**10. Name and Address of New Registered Agent**

**81** Name

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

**83**

**84** City

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BARBA, NATIVIDAD</b>
STREET ADDRESS	<b>121 NW 68TH CT</b>
CITY - ST - ZIP	<b>MIAMI FL 33126</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>BARBA, ARMANDO</b>
STREET ADDRESS	<b>121 NW 68TH CT</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>LOURDES, MONTEJO</b>
STREET ADDRESS	<b>8380 S.W. 4TH ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>VALERO, LIZETTE</b>
STREET ADDRESS	<b>14621 S.W. 110 TERR.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VPST</b> <input type="checkbox"/> DELETE
NAME	<b>BARBA, ARMANDO J</b>
STREET ADDRESS	<b>14621 SW 110TH TERR.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY - ST - ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY - ST - ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY - ST - ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY - ST - ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY - ST - ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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, changed, or on an attachment with an address.

**SIGNATURE:** *Armando Barba* **Vice Presi 4/15/97** **(305) 380-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)