

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

**FILED**  
**Apr 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business <del>13780 SW 56TH STREET                  STE 216                  MIAMI FL 33183                  US</del>	Mailing Address <del>13780 SW 56TH ST                  STE 216                  MIAMI FL 33183                  US</del>
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/30/1993**

2. Principal Place of Business <b>21 13801 SW 144<sup>TH</sup> AVE ROAD</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 MIAMI - FLORIDA</b> Zip <b>24 33186</b>	2a. Mailing Address <b>26 13801 SW 144<sup>TH</sup> AVE ROAD</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 MIAMI FLORIDA</b> Zip <b>29 33186</b>	Country <b>25 DADE</b>	Country <b>30 DADE</b>
---	--	---------------------------	---------------------------

4. FEI Number  
**65-0458266**

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  
**ALEJANDRO, NUNEZ**  
**6361 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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 in an attachment with an address.

SIGNATURE: Armando Barba 04/06/98 (305) 380-1800

CR2E034 (10/97)