FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



	DRPORATION NUAL REPORT 1996	Sand Secr	PARTMENT OF Ira B. Mortriam retary of State DF CORPORAT	-		
DOCU 1. Corpora	JMENT # P9400	00003694 (4	4)			
THE	KING OF CONSTRUCTION	•				
					# # # # # # # # # # # # # # # # # # #	() 20 /11 60/11 20/02 () 10 61/12 10/14 61/01 ()
Dringing Dr	(6)					
	Principal Place of Business Mailing Address				ı sanılnık sın (0(s) Bibli 60kil 10	is marin maste musaf stiff fisial fallt fill fifft fall
	4747 S.W. 1 ST. 4747 S.W. 1 ST. MIAMI FL 33134 MIAMI FL 33134					
		MICHIEL C 90104				
					3. Date Incorporated or Qualified	3a. Date of Last Report
F	Place of Business	2a. Mailing Address			01/14/1994 4. FEI Number	03/24/1995
21		26			65-0460504	Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Not Applicable \$8.75 Additional
Orty & Sta	ate	(27)				Fee Required
23		City & State			6. Election Campaign Financing	\$5.00 May Be
Zφ	Country	Zφ	Country		Trust Fund Contribution 8. This corporation has liability of	Added to Fees
24	25 25	29	30		Florida Statutes Yes	Intangible tax under s. 199.032, Fill No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New I	Registered Agent
PEREZ	LAZARO O		81	Name		
	S.W. 1 ST.		82	Street Add	lress (P.O. Box Number is Not Acceptal	ole)
MAMI I	FL 33134		83			
-						
44.5			84	City		FI 85 Zip Code
or registe	itto trie provisions of Sections 607,050 ∌red agent, or both, in the State of Flor	2 and 607.1508, Florida Statut ida, Such change was authoriz	es, the above r	amed corpo	ration submits this statement for the pur ard of directors. Thereby accept the app	
ICAT FILED V	vith, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	S.	zianon a Due	and or directors. Thereby accept the app	pintment as registered agent. I am
SIGNATURE	Signature, typed or print dinable of replaces have	. de di bi di ajquitabia (1940)	ili: Pogistere J Ages	Section of the second	of linear title of the control of th	
12.	OFFICE'RS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 10
TITLE NAME	PD PEREZ, MANUEL	DELEIL	1 1 Tifle		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Change Addition
STREET ADDRESS	4747 S.W. 1 ST.		1.2 NAME	l		, <u> </u>
City - St - ZiP	MIAMI FL 33134		13 STREET.			Í
TITLE	VD DELETE		2.1 TIFLE			
NAME	PEREZ, LAZARO O		22 NAME			Change Addition
STREET ADDRESS	4747 S.W. 1 ST.		23 STREET	CIORESS		
CITY-ST-ZIP	MIAMI FL 33134		2 4 Cilly - ST			
TIFLE	PEREZ, MARIA E		3 1 TIFLE			Change Addition
NAME STREET ADDRESS	4747 S.W. 1 ST.		3.2 NAME			+
CITY - ST - ZIP	MIAMI FL 33134		33 STREET			
TITLE		DELETE	3 4 CHY-ST 4 1 THE	215		
NAME		West Subset to	4 1 11138 4 2 NAME			Change Addition
STREET ADDRESS			4.3 STREET A	DDRESS		
CITY-S1-ZIP			4.4 CITY - ST			
TIFLE		☐ DELETE	5 * THILE			Change Addition
NAME STREET ADDRESS			5.2 NAME			
CITY-ST-ZIP			5 3 STREET A	1	00000178 -04/22/960101	8 040
T.TLF		DELETE	5.4 CHTY - ST 6.1 TITUE	7IP	***2 00.00	
NAME			6 2 NAME		***************************************	☐ Change ☐ Addition
STREET ADDRESS			G & PVAIVE			

64CITY-S1-7P

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this annual report or supplementar annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address

63 STREET ADDRESS

6.4 CITY - \$1 - 7-P

SIGNATURE:

SHOWATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR DIRECTOR

4/1/96 30 \$ 443 4611