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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 03 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010645 (7) 1. Corporation Name

RESCOM BUILDERS, INC.

Principal Place of Business

SIGNATURE:

8550 WEST FLAGLER ST STE. 116 MIAMI FL 33144		8550 WEST FLAGLER ST STE. 116 Miam: Fl 33144-2095	*				
					 Date Incorporated or Qualified 02/03/1994 	3a. Date of Last F 03/14/1996	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-2153208	N	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc	├ ─┐		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing		
23		28			Trust Fund Contribution		
Zip =¬	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes No		
	9, Name and Address of Cu	rrent Registered Agent		1	10. Name and Address of New Re	gistered Agent	
	, HUMBERTO E		81	Name			
8550 W FLAGLER ST			82	82 Street Address (P.O. Box Number is Not Acceptable)			
STE			_	<u>,</u>			<u></u>
MIAN	VII FL 33144		83	1			
			84	City		85 Zip	Code
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		FL [°]	
office or n	edistered agent, or both, in the S	.0502 and 607.1508, Florida Statulials of Florida. Such change was bligations of, Section 607.0505, F	authorized b	v the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	ourpose of changing (ot the appointment as	ts registered registered
SIGNATURE	Signature, typied or printed name of registere	d agent and title if applicable (NC	TE Registered Ap	jent signature requi	ired when reinstating)	DATE	······
12.	OFFICERS AND DIRECTORS		13.	······································	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 12
TELE	D	DELETE	1.1 TITLE			Спалде	Addition
NAME	RUIZ, ROBERTO N						
STREET ADDRESS	8550 W. FLAGLER STREET	STE. 116	1.3 STREE	T ADDRESS			
C-TY - ST - ZIP	MIAMI FL 33144		1.4 CłTY-	ST-ZIP			
TITLE	D DELETE		2 1 TITLE	····		☐ Change	Addition
NAME	RUIZ, ROBERT J		22 NAME				
STREET ADDRESS	8550 W. FLAGLER STREET	STE. 116	23 STREE	T ADDRESS			
C+TY - S1 - ZIP	MIAMI FL 33144		2 4 CiTY-	ST- ZIP			
TITLE	D	DELETE	3 1 TITLE		*	Change	Addition
NAME	ruiz, humberto e		3.2 NAME				
STREET ADDRESS	8550 W FLAGLER ST. STE	116	3.3 STREE	T ADDRESS		•	
City-St-7iP	MIAMI FL		3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CiTY-S1-ZiP			4.4 CiTY-				
THE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME			_ •	
STREET ADDRESS				T ADDRESS			
C:TY - \$1 - Z:P			5.4 CITY~				
TITLE		DELETE 61		φ1 <u>ξ2</u> "		Change	Addition
NAME			62 NAME				
STREET ADDRESS				T ADDRESS			
C-TY-ST-7IP			6.4 CiTY~				
	by certify that the information sup	plied with this filing does not oua			d in Section 119.07(3)(i). Florida Statute	s. I further certify that	the
informatio Lam an o	n indicated on this annual report flicer or director of the corporation	or supplemental annual report is	true and acc	urate and tha	o in Section 119.07(3)(i), Florida Statute It my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as if made un Statutes; and that my	nder oath; that name