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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	PUMPING te of Business TERRACE	& CONCRETE,	Mailing Address 9010 SW 137TH AVE. SUITE 113 MIAMI FL 33186-1437	g Address SW 137TH AVE. 113		3. Date Incorporated or Qualified 3a. Date of Last Report			
	· · · · · · · · · · · · · · · · · · ·					03/04/1994	05/01		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number Applied For 65-0472164 Not Applicable			·
Suite, Apt. #, etc.			Suite, Apl. #, etc.					\$8.75 A	
			27	27]		5. Certificate of Status Desired		Fee Re	
Ofty & State			City & State	City & State		6. Election Campaign Financing		\$5.00	May Be
23	· · · · · · · · · · · · · · · · · · ·		28	·		Trust Fund Contribution		Added to	
Zip		Country	Zip	Country	•	8. This corporation has liability for	intangible tax	under s.	199.032
24 .		25 and Address of Curre	29	30		Florida Statutes  10. Name and Address of New R	Yes 1		
ANA		and Address of Curre	it uadistalan waaiit	81	Name	IV. Name and Address of New A	ogistoreu My		
	AYA, OLGA M SW 18 TE								
6740 SW 16 TERRACE MIAMI FL 33155				82 Street Add		ress (P.O. Box Number is Not Accepta	.ble}		ĺ
*****	(	•		83					
			•	84 City			<sub>1</sub> ,	85 Zip (	Nodo
				1 1	,			l i	[
office or r agent. I a SIGNATURE	registered and am familiar viil signado, typego	printed name of registered ag	e e e e e			poration submits this statement for the tion's board of directors. I hereby account and when reinstating!  ADDITIONS/CHANGES TO OFFI	DATE		
TITLE	PD	0.1102.101.0	DELETE	1.1 TITLE	T	7,5571,610,611,110,120,100,111		Change	Addition
NAME .		ERNANDO		1.2 NAME					
STREET ADDRESS		16 TERRACE		1.3 STREET	ADDRESS				)
CITY-ST-ZIP	MIAMI FL	33155		1.4 CITY- S	1-ZIP				
TITLE	VD		DELETE	2.1 TITLE	-		<u> </u>	Change	Addition
NAME	AMAYA, C			2.2 NAME	-				}
STREET ADDRESS	MIAMI FL	16 TERRACE		2.3 STREET	- 1				
CITY-ST-ZIP	MIAMIFL	33133	DELETE	2. 4 CITY - 5 3.1 TITLE	ST-ZIP			Change	Addition
NAME				3.2 NAME	-		ب	Shortgo	Loginon
STREET ADDRESS	{			3.3 STREET	ADDRESS				İ
CITY-ST-ZIP	]			3.4, CITY-5	- 1				Í
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STREET ADDRESS	[			4.3 STREET	ADDRESS				ĺ
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TITLE	ļ		DECETE	5.1 TALE			L_	Change	Addition
NAME				5.2 NAME	Laboros				(
STREET ADDRESS				5.3 STREET					
CITY-ST-ZIP TITLE			DELETE	6.4 CITY - S 6.1 TITLE	1-201			Change	Addition
NAME				62 NAME	ļ		٦		and control.
STREET ADDRESS	<u> </u>			6.3 STREET	ADDRESS				}
CITY OF THE	}			64007.5	١ .				ſ

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 logal 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 offanged, or on an attachment with an address.

4/30/99

**FILED** 

May 07 1997 8:00am

Secretary of State