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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CORAL GABLES FL 33143

740 DAVIS ROAD

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Mailing Address 740 DAVIS ROAD

CORAL GABLES FL 33143-6242

## DOCUMENT # P94000031353 (3)

R. W. BAKER CONSTRUCTION, INC.

3a. Date of Last Report 04/25/1996 3. Date Incorporated or Qualified 04/22/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0502719 21 26 Not Applicable Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Country ZID 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ZEMLOCK, ALBERT 19 W FLAGLER STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33130** 83 Zip Code 84 City 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 Signative: type of or pointed name of registered agent and title if applicable. (NOTE Registered Agent a gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)DELETE TITLE 1.1 TITLE ☐ Change Addition BAKER, ROBERT W 1.2 NAME NAME 740 DAVIS ROAD STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33143 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change 11°LE ☐ DELETE 3.1 TITLE Addition N.ME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS DITY-ST-ZIP 3.4. CiTY-ST-ZiP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-7P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TELE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 14. Let 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 of 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 in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

attachment with an address.

**FILED** Apr 29 1997 8:00am Secretary of State



19/97 (305) 665-7654