

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

Amended Annual Report

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 9440000 39278
1. Corporation Name

S & C Construction Co., Inc.
12515 No. Kendall Drive, Suite 220
Miami, Florida 33186

Principal Place of Business

Mailing Address

Same as above

FILED
96 OCT 29 AM 8:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2. Principal Place of Business

2a. Mailing Address

21 12515 No. Kendall Dr
Suite, Apt. #, etc.

26 12515 North Kendall Dr
Suite, Apt. #, etc.

22 Suite 220
City & State

27 Suite 220
City & State

23 Miami, FL
Zip

28 Miami, FL
Zip

24 33186
Country

29 33186
Country

30 USA

3. Date Incorporated or Qualified
May 25, 1994

3a. Date of Last Report

4. FEI Number

65-0498475

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name Dr. Clarence Smith

82 Street Address (P.O. Box Number is Not Acceptable)
12515 No. Kendall Drive, No. 220

83 300001992229-4
-10/31/96-01060-006

84 City Miami, FL 33186

11. Pursuant to the provisions of Sections 607.0509 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, Sections 607.0509 and 607.1508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Clarence E. Smith, MD, President

September 25, 1996
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Clarence E. Smith, M.D.

1.3 STREET ADDRESS 12515 No. Kendall Dr, #220

1.4 CITY-ST-ZIP Miami, Florida 33186

2.1 TITLE Vice-president, Sec/Treas ☐ Change ☒ Addition

2.2 NAME John Bari

2.3 STREET ADDRESS 12515 No. Kendall Dr., #202

2.4 CITY-ST-ZIP Miami, Florida 33186

3.1 TITLE Vice-President ☐ Change ☒ Addition

3.2 NAME Humberto Perez

3.3 STREET ADDRESS 12515 No. Kendall Dr., #220

3.4 CITY-ST-ZIP Miami, Florida 33186

4.1 TITLE Vice-President ☒ Change ☒ Addition

4.2 NAME Morris Thomas

4.3 STREET ADDRESS 12515 No Kendall Dr, #202, Mia, FL

4.4 CITY-ST-ZIP

5.1 TITLE Vice-President ☐ Change ☒ Addition

5.2 NAME Eduardo Vilchez

5.3 STREET ADDRESS 12515 No Kendall Dr, #202, Mia, FL

5.4 CITY-ST-ZIP

6.1 TITLE Vice-President ☐ Change ☒ Addition

6.2 NAME Herman Selman

6.3 STREET ADDRESS 12515 No Kendall Dr, #202, Mia, FL

6.4 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, with an attachment with an address.

SIGNATURE: Clarence E. Smith, MD, President

Date

9/25/96

(305) 275-9904

CR2E034 (3/96)