


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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000039278 (4)**

1. Corporation Name

S & C CONSTRUCTION CO., INC.

Principal Place of Business

**12515 N. KENDALL DR
STE 220
MIAMI FL 33186**

Mailing Address

**12515 N. KENDALL DR
STE 220
MIAMI FL 33186**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0498475	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, CLARENCE E DR
12515 N. KENDALL DR
STE 220
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, CLARENCE E DR	
STREET ADDRESS	12515 NO. KENDALL DR., STE 220	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BARI, JOHN	
STREET ADDRESS	12515 NO. KENDALL DR., #220	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, HUMBERTO	
STREET ADDRESS	12515 NO. KENDALL DR., #220	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, MORRIS	
STREET ADDRESS	12515 NO. KENDALL DR., #220	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VILCHEZ, EDUARDO	
STREET ADDRESS	12515 NO. KENDALL DR., #220	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SELMAN, HERMAN	
STREET ADDRESS	12515 NO KENDALL DR., #220	
CITY - ST - ZIP	MIAMI FL 33186	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	VP
13 STREET ADDRESS	PAUL RUSSELL
14 CITY - ST - ZIP	12515 NO. KENDALL DR STE 220
15 CITY - ST - ZIP	MIAMI, FL 33186
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	TREASURER
23 STREET ADDRESS	JAVIER ESTRADA
24 CITY - ST - ZIP	12515 NO. KENDALL DR STE 220
25 CITY - ST - ZIP	MIAMI FL 33186
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Javier Estrada

2.15.98

305.275.9904

CR2E034 (10/97)