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

DOCUMENT # P94000039464 (0)

LIZ CONSTRUCTION, INC.

| Principal Pla | ace of Business | Mailing Address | | m | | | | | |
|--|--|---|---|--|--|---|---|--|--|
| 2831 S.W. 128 AVE. MIAMI FL 33156 | | | 2831 S.W. 128 AVE. MIAMI FL 33175-2005 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 05/25/1994 | 3a. Date of Last | | |
| 2. Principal Place of Business | | | 28. Mailing Address | | | 4. FEI Number | | Applied For | |
| 21 | | 26 | 26 | | | 65-0499308 | Not Applicable | | |
| Suite, Apt. #, etc. 22 | | 27 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| | City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be | | | | |
| 23 | | 26 | | | | Trust Fund Contribution | | d to Fees | |
| Zip | Coun | itry | Zip | Count | у | 8. This corporation has liability for in | ntangible tax under | s. 199.032, | |
| 24 | 25 | 29 | | 30 | | Florida Statutes | Yes No | | |
| | 9, Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | |
| 11. Pursuan office or agent I SIGNATURE | r registered agent, or bo Lam familiar with, and ac | oth, in the State of Fig ecept the obligations | orida Such change was of, Section 607.0505, F | ites, the abo authorized to lorida Statute | by the corpora es. | poration submits this statement for the pition's board of directors. I hereby accep | urpose of changing t the appointment i | p Code i its registere as registered | |
| 40 | | | | | ent signature requi | red when re-instating) | DATÉ | | |
| 12. | | OFFICERS AND DIR | DELETE | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTO | | |
| NAME | REBOREDO, JOS | E | L) DELETE | 1 | | | | Additio | |
| | 0004 0 147 400 41 | | | 1.2 NAM8 | | | | | |
| STREET ADDRESS | MIAMI FL 33175 | YC. | | 1.3 STRE | T ADDRESS | | | | |
| CHTY-ST-7/F | MIMMI FL 331/3 | | Delete | 1.4 CITY | | | | | |
| TYLE | | | ☐ DETELE | 2.1 TITLE | | | ☐ Chango | Additio | |
| IAME | | | | 2.2 NAME | 1 | | | | |
| STREET ADDRESS | 5 | | | | T ADDRESS | | | | |
| CITY - ST- ZIF | | | | 2. 4 CITY | - ST - ZIP | | | | |
| TITLE | | | ☐ DELETE | 3.1 TITLE | + | | ☐ Change | Additio | |
| NAME | | | | 3.2 NAME | | | | | |
| STREET ADDRESS | 5 | | | 3.3 STREE | T ADDRESS | | | | |

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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 or princed or on an attachment with an address.

34. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CHTY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

011y - 8" - 71P

TITLE

NAME

TITLE

NAME

THILE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF

BIGNING OFFICER OF DIRECTOR

☐ DELETE

DELETE

DELETE

1-23-97

(305) 226-5523

Change

Change

Change

Addition

■ Addition

■ Addition

FILED

Jan 30 1997 8:00am

Secretary of State

Daytime Prione #