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.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000042447 (0)

10005 00110551105	_							
Corporation Name		•	_	-	 . —	•	• •	١,

ADOBE	CONSTRUCTION CO. INC	1.					A JARTIARI ANA IARTI RURAL ROMAL GRAM RA	OKA BOUN ANDE NIËN BEDIK BIEN IDDI (DO)
Principal Place	e of Business	Mailing Ad	dress					
4520 NE 18TH	AVE	4520 NE 18	8TH AVE					
STE 208 FT. LAUDERDA	H.F. El BOODA	STE 208						
FI. DAUDENDA	NLE PL 33334	F1. LAUDE	RDALE FL 33	334			3. Date Incorporated or Qualified	3a. Date of Last Report
A Deinamal Di							06/07/1994	04/07/1995
2. Principal Pi	ace of Business	2a. Mailing	Address				4. FEI Number	Applied For
Suite, Apt	# etc	26 Suite Δ	upt #. etc		•		65-0489330	Not Applicable
22		27	φι <i>π</i> , εισ				Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & S	State				6. Election Campaign Financing	\$5.00 May Be
23		28					Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip		Cou	ntry		8. This corporation has hability for	intangible tax under s. 199 032.
24	25	29		30			Florida Statutes	Yes 🔣 No
	9. Name and Address of Currer	it Hegistered Ag	ent		81	Name	10. Name and Address of New R	egistered Agent
	NING, ALBERT							
	O NE 18TH AVE				82	Street Add	ress (P.O. Box Number is Not Accepta	Die)
	: 208 Lauderdale Fl. 33334			ŀ	83			···
rı.	LAUDENDALE FL 33334							
				İ	84	City		FL 85 Zip Code
11. Pursuant t office or re agent. Lar	o the provisions of Sections 607,050 og stered agent, or both, in the State n familiar with, and accept the obligi	i2 and 607 1508, I of Florida, Such c ahons of, Section	Florida Statut change was a 607.0505, Flo	es, the ab authorized orida Statu	ove by ti	named corp he corporati	oration submits this statement for the pon's board of directors. Thereby accept	nurpose of changing its registered of the appointment as registered
SIGNATURE .								
12.	Signature 1, ped oc productions of all registered agr		(NO		Agen	: signature recipiir	rod when reinstating)	DAR
TITLE	D OFFICERS AN	ID DIRECTORS	DELETE	13. 11 III		T	ADDITIONS/CHANGES TO OFFI	
NAME	FERNANDEZ, ROBERTO	L	J vecese	12 NA				Change Addition
STREET ADDRESS	2547 N. 40TH AVE.					ADORESS		
CITY - ST - ZIP	HOLLYWOOD FL 33021			1.4 CIT				
TITLE	D	L	DELETE	2 1 111				Change Addition
NAME	MANNING, ALBERT			2 2 NA	ME			
STREET ADDRESS	4961 NW 17TH CT.			2351	REETA	LODRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313			2 4 CI	TY-SI	1 - 2IP		
TITLE		L	DELETE	3 1 111				Change Addition
NAME CIRCET ADDRESS				3 2 NA				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP TITLE			DELETE	3 4. CI 4 1 III		- Z-P		Character Laboratory
NAME				4 1 111 4 2 NA		1		Change Addition
STREET ADDRESS						IDORESS		
CITY-ST-ZIP				4.4.01				
TITLE			DELETE	5 1 T-T		211		Change Add tox
NAME		_		5.2 NA	ME			
STREET ADDRESS				5 3 ST	RÉELA	IDDRESS		
CITY-ST-ZIP				5.4.CIT	Y - ST	- ZIP		
TITLE			DELETE	6 t III	Lξ	T		Change Ad-lition
NAME				6.2 NA	ME			
STREET ADDRESS				6351	REETA	DDRESS		
City-St-ZIP	y cartify that the information a E-	d with the state	valuate - 1 - 2	6 4 CIT	v - \$1	ZIP		
further cer	y certify that the information supplied lify that the information indicated on	a with this filling is this applied repor	voluntatry tu	rriished ar	na de	pes not qual-	by for the exemption stated in Section	119 07(3)(k), Florida Statutes 1

4. 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 1 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT HANNING

7/26/96 (954) 935-0535