FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 20 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042787 (9)

1. Corporate Name

BEC CONTRACTORS GROUP, INC.

Principal Place of Business	Mailing Address
7503 NW 7 ST MIAMI FL 33126	7503 NW 7 ST MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 7599 N.W. 7th St.
22: Suite, Apt. # etc.
23: City & State: MIAMI - FL
24: Zip: 33126
25: County: DADE

2a. Mailing Address
26: 7599 N.W. 7th St.
27: Suite, Apt. # etc.
28: City & State: MIAMI - FL
29: Zip: 33126
30: County: DADE

4. FEI Number: 65-0500123 — 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

9. Name and Address of Current Registered Agent

ESPINOSA, PATRICIA O
100 ALMERIA
SUITE 205
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 7599 N.W. 7th St
83
84 City: Miami FL
85 Zip Code: 33126

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: Patricia O. Espinosa — 4-20-95
(Signature of new registered agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1 TITLE	☐ Change ☐ Addition
NAME	ESPINOSA, FRANCISCO C	1 NAME	
STREET ADDRESS	7321 LOS PINOS BLVD	1 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33143	1 CITY-ST-ZIP	
TITLE	VSD	2 TITLE	☐ Change ☐ Addition
NAME	ESPINOSA, PATRICIA O	2 NAME	
STREET ADDRESS	4941 RIVIERA DR	2 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Francisco C. Espinosa — 4/20/95 — 305 266 4104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE
Francisco C. Espinosa

0122953 CP