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APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000045578 (9)**

1. Corporation Name

TARIMBARO CONSTRUCTION CORP.



Principal Place of Business

Mailing Address

20510 S.W. 122ND AVENUE
MIAMI FL 33177

20510 S.W. 122ND AVENUE
MIAMI FL 33177

2. Principal Place of Business

2a. Mailing Address

21 ~~20510~~ P.O. Box 972391

26 P.O. Box 972391

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami

27 Miami

City & State

City & State

23 Fla.

28 Fla.

24 Zip 33177

Country

25 Dade

29 Zip 33177

Country

30 Dade

9. Name and Address of Current Registered Agent

RODRIGUEZ, PERFECTO
20510 S.W. 122ND AVENUE
MIAMI FL 33177

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Perfecto Rodriguez

(NOTE: Registered Agent Signature required when re-registering)

3-29-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PV
NAME RODRIGUEZ, PERFECTO
STREET ADDRESS 20510 S.W. 122ND AVENUE
CITY- ST- ZIP MIAMI FL 33177

1. TITLE
2. NAME
13. STREET ADDRESS
14. CITY- ST- ZIP

TITLE STD
NAME RODRIGUEZ, PERFECTO
STREET ADDRESS 20510 S.W. 122ND AVENUE
CITY- ST- ZIP MIAMI FL 33177

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP

6000010765886
-04/11/96--01012--004
****200.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Perfecto Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

DATE

CR2E034 (12/95)