

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

**APPROVED  
AND  
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1997 SEP 15 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 994000045578  
1. Corporation Name  
Tarimbaru Construction Corp.

Principal Place of Business Mailing Address  
20510 SW 122 Ave Miami Fla 33177 P.O. Box 972391 Miami Fla. 33177

2. Principal Place of Business 2a. Mailing Address  
21 20510 SW 122 Ave 26 P.O. Box 972391  
22 Miami 27 Miami  
23 Fla. 28 Fla.  
24 33177 25 Fla 29 33177 30 Dade

3. Date Incorporated or Qualified 6-20-94 3a. Date of Last Report 4-10-96  
4. FEI Number 65-0590014 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  
Perfecto Rodriguez

10. Name and Address of New Registered Agent  
B1 Name Perfecto Rodriguez  
B2 Street Address (P.O. Box Number is Not Acceptable) 20510 SW 122 Ave  
B3 Miami  
B4 City Fla. FL B5 Zip Code 33177

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<u>Owner/President</u> <input type="checkbox"/> DELETE
NAME	<u>Perfecto Rodriguez</u>
STREET ADDRESS	<u>20510 SW 122 Ave</u>
CITY-ST-ZIP	<u>Miami Fla 33177</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<u>900002296249--3</u>
24 CITY-ST-ZIP	<u>-09/17/97--01118--020</u>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<u>****165.00</u>
33 STREET ADDRESS	<u>****165.00</u>
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 do 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: Perfecto Rodriguez 9-10-97 234-4291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)