## 4-4-47 B-4027 NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000056889 (6)

SHLESINGER CONSTRUCTION MANAGEMENT, INC.

Principal Page of Business

Mailing Address

24 DESFORD LANE
BOYNTON BEACH FL 33462

Mailing Address

22 ZIMBLE FORMOSO-MURIAS. P.A.
1101 BRICKELL AVE., PENTHOUSE

FILED Apr 04 1997 8:00am Secretary of State



Principal Place of Business 24 DESFORD LANE BOYNTON BEACH FL 33462 US		% ZIMBLE FORMOSO-	Mailing Address  ZIMBLE FORMOSO-MURIAS, P.A.  1101 BRICKELL AVE., PENTHOUSE  MIAMI FL 33131-3105		3. Date Incorporated or Qualified			
2. Principal	Place of Business	2a. Malling Address			4. FEI Number	1 0 1/2		Applied For
1		26	<b>├</b> ,		65-0508624			Not Applicable
Suite, Api	a #, etc.	Suite Apt. #, etc. 27 City & State		CO 75 Additional				
City & Sia	ate			6. Election Campaign Financing		\$5.00 May Be		
23		28			Trust Fund Contribution			to Fees
Z(p)	Country	Zφ	Count	try	8. This corporation has liability for i			s. 199.032,
24	25	29	30			Yes 🗌		
	9. Name and Address of Co	urrent Registered Agent		11 Name	10. Name and Address of New Re	gistered A	gent	
% i 110	DRMOSO-MURIAS, HECTOR ZIMBLE FORMOSO-MURIAS, I 01 BRICKELL AVE., PENTHOL AMI FL 33131		8		Street Address (P.Ö. Box Number is Not Acceptable)			
			} [6	34 City		F=1	85 Zip	Code
agent 1	l am familiar with, and accept the c	obligations of, Section 607.0505	<ol><li>Florida Statut</li></ol>	tes.	rporation submits this statement for the pation's board of directors. I hereby accep	• • •		-
SIGNATURE	Cl. Am. L. Shurte that a market manner	Const of the Bandwick	(NOTE Parietized I			DATE		
	Standers, 4y and or panied harmont register				uired when reinslating)	DATE SERS AND	DIRECTO	ORS IN 12
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4. 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 hypermental 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 this corporation only a 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 chapted, or an an attachment with an address.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME CHANGE OF THE STATE O

561-964-0258

0171934