FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P94000061497 | (1) |
|------------------|--------------|-----|
| Cornoration Name | | ` ' |

| 1. Corporation | TRAITIO | | | | | |
|--|---|--|---|---|---|--|
| T.J.C. | CONSTRUCTION, INC. | | | | | |
| Principal Place | of Business | Mailing Address | | | | |
| 2495 W. 80 STREET BAY 4 HIALEAH FL 33016 | | 2495 W. 80 STREET BAY 4 HIALEAH FL 33016 | BAY 4 | | | |
| THE CONTRACTOR OF THE CONTRACT | | 11112711112 00070 | | 3. Date Incorporated or Qualified 08/18/1994 | 3a. Date of Last Report 05/01/1995 | |
| 2, Principal Pla 21 | ace of Business | 28. Mailing Address 26 1344 West | 72nd. Street | 4. FEI Number 65-0515372 | Applied For Not Applicable | |
| Suite, Apt. | #, otc. | Suite, Apt. #, etc. | un mena nu mura a a au | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | ······································ | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | [28] Hialeah, | Florida | Trust Fund Contribution | Added to Fees | |
| Zip 24 | Country 25 | ^{Zip} 33014 | Gountry DADE | I | : DNo | |
| | g. Name and Address of Curren | t Registered Agent | 81 Name | 10. Name and Address of New F | tegistered Agent | |
| ACOST | ra, timothy | | | SAME | 70 | |
| 2601 V | V. 74 STREET | | 1344 1344 | Address (P.O. Box Number is Not Acceptable) ++ West 72nd. Street | | |
| HIALE | NH FL 33016 | | 83 Hiale | eah, Florida | | |
| | | | 84 City | ······································ | FL 85 Zip Code 33014 | |
| 11. Pursuant i or register familiar wi SIGNATURE | o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Sections Sgratue, lyikd or phase mank of registeral again | ion €07,0505, Florida Statutes. | E: Flegisterad Agent signaturu requirad | which roins lating) | DÁTH | |
| 12. | OFFICERS AND | D DIRITOTORS DELETE | 13. | ADDITIONS/CHANGES TO OFF | FICERS AND DIRECTORS IN 12 Charge Addition | |
| NAME | ACOSTA, TIMOTHY | | 1.2 NAME | | | |
| STREET ADDRESS | 2601 W 74 STREET | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | HIALEAH FL 33016 | F"L DELETIC | 14 CITY - ST - ZIP | CONTRACTOR | M. Ohana F. Maria | |
| TITLE NAME | TS ACOSTA, REBECCA | DELETE | 2 1 TITLE 22 NAME | | Change Addition | |
| STREET ADDRESS | 2601 W 74 STREET | | 23 STREET ADDRESS | | | |
| CITY-ST-ZIP | HIALEAH FL 33016 | | 2 4 CHY- ST-7IP | | | |
| TITLE | | DECETE | 3 1 THILE | | Change Addition | |
| NAME | | | 3 2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREFT ADDRESS | | | |
| CITY-ST-ZIP THILE | | DELĒTĒ | 3.4 CHY-ST-ZIP 4.1 TITLE | | Change Addition | |
| NAME | | L | 4.2 NAME | | <u> </u> | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY- \$1-2IP | | | |
| MILE | | (_) DELETE | 5 1 TITLE | | Change Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5 3 STREET ADORESS | | | |
| CITY-SI-ZIP TILE | | [] DELETE | 5.4 CITY - \$1 - 21F 6 1 TITLE | | Change Add-tion | |
| NAME | | had | 6.2 NAME | | | |
| STREET ADDRESS | , | | 6.3 STREET ADDRESS | | | |

City-S1-2P

14. To 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 angle if reject or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of true consonation or the receiver or truthed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with my alteress.

SIGNATURE:

ICANTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC. 4/25/96 305)829-3899

CR2F034 (12/95)