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1997 MAR 19 PM 2: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION  
ANNUAL REPORT  
1996

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

DOCUMENT # P94000062838 (5)

1. Corporation Name

FLORIDA UNITED CONTRACTING CORPORATION

Principal Place of Business

6075 SW 72ND STREET #304  
MIAMI FL 33243-1145

Mailing Address

PO BOX 431145  
MIAMI FL 33243-1145

3. Date Incorporated or Qualified  
08/25/1994

3a. Date of Last Report

4. FEI Number  
65-0517284

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

2. Principal Place of Business

21 1001 N.E. 125 ST.

22 Suite, Apt. #, etc.  
203

23 MIAMI, FLORIDA

24 33161 25 U.S.A.

2a. Mailing Address

26 1001 N.E. 125 ST.

27 Suite, Apt. #, etc.  
203

28 MIAMI, FL.

29 33161 30 U.S.A.

9. Name and Address of Current Registered Agent

FLEURANTIN, PIERRE M  
8895 SW 147TH AVE  
APT 1208  
MIAMI FL 33196

81 Name  
82 PIERRE M. FLEURANTIN  
Street Address (P.O. Box Number is Not Acceptable)

83 14923 S.W. 104 ST # 205

84 MIAMI, FL 85 Zip Code  
33196

10. Name and Address of New Registered Agent

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

*Pierre M. Fleurantin*  
Signature, typed or printed name of registered agent and title, if applicable

PIERRE M. FLEURANTIN

3-7-97

DATE

12. OFFICERS AND DIRECTORS

TITLE DT  
NAME HOMICILE, ARINKS  
STREET ADDRESS 10515 NW 10TH AVE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE DS  
NAME TELFORT, JEAN LESLY  
STREET ADDRESS 37 N.W. 60 TERRACE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE DP  
NAME FLEURANTIN, PIERRE M  
STREET ADDRESS 8895 SW 147TH AVE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT  
1.2 NAME HOMICILE, ARINKS  
1.3 STREET ADDRESS 10515 N.W. 10TH AVE  
1.4 CITY-ST-ZIP MIAMI, FL. 33150 ☐ Change ☐ Addition

2.1 TITLE DS  
2.2 NAME TELFORT, LESLY  
2.3 STREET ADDRESS 37 N.E. 60 TERRACE  
2.4 CITY-ST-ZIP MIAMI, FL. 33127 ☐ Change ☐ Addition

3.1 TITLE DP  
3.2 NAME FLEURANTIN PIERRE  
3.3 STREET ADDRESS 14923 S.W. 104 ST. #205  
3.4 CITY-ST-ZIP MIAMI, FL. 33196 ☐ Change ☐ Addition

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

REINSTATEMENT

8000002120808--9  
-03/21/97--01094-016  
\*\*\*1088.75 \*\*\*1088.75

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:

*Pierre M. Fleurantin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIERRE M. FLEURANTIN 2-14-97

Date: Daytime Phone: #

CR2E034 (12/95)