


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

FILED

**Apr 18 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000071779 (0)

1. Corporation Name
ALLAPATTAH CONTRACTORS, INC.



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| Principal Place of Business 3417 NW 22 AVENUE MIAMI FL 33142 | Mailing Address 3417 NW 22 AVENUE MIAMI FL 33142-5311 |
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| 3. Date Incorporated or Qualified 09/29/1994 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0538000 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 3417 NW 22 Ave. Suite, Apt. #, etc. | 2a. Mailing Address 26 3080 NW 14 st Suite, Apt. #, etc. |
| 22 City & State 23 Miami FL | 27 City & State 28 Miami FL |
| 24 Zip 33142 25 Country U.S.A | 29 Zip 33125 30 Country U.S.A |

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| 9. Name and Address of Current Registered Agent NAVAS, ANTONIA 3417 NW 22 AVENUE MIAMI FL 33142 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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: *[Signature]* DATE: **4-9-97**
(NOTE: Registered Agent signature required when re-stating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--------------------------------------|---|--|
| TITLE PD | NAME NAVAS, ANTONIO | 1.1 TITLE PD | 1.2 NAME Navas, Antonia |
| STREET ADDRESS 3417 NW 22 AVENUE | CITY-ST-ZIP MIAMI FL 33142 | 1.3 STREET ADDRESS 3080 NW 14 st | 1.4 CITY-ST-ZIP Miami FL 33125 |
| TITLE VSTD | NAME ZELEDON, JULIO | 2.1 TITLE | 2.2 NAME |
| STREET ADDRESS 3417 NW 22 AVENUE | CITY-ST-ZIP MIAMI FL 33142 | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| TITLE SD | NAME NAVAS, ANTONIA | 3.1 TITLE | 3.2 NAME |
| STREET ADDRESS 3417 NW 22 AVENUE | CITY-ST-ZIP MIAMI FL 33142 | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| TITLE | NAME | 4.1 TITLE | 4.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 6.3 STREET ADDRESS | 6.4 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: *[Signature]* DATE: **4-9-97** (305) 633-4746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)