SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $278)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081106 (4)**

1. Corporation Name
SATURN CONSTRUCTION AND DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
520 BRICKELL KEY DR SUITE 301 MIAMI FL 33131	520 BRICKELL KEY DR SUITE 301 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14 NE 1ST Ave	2a. Mailing Address 26 14 NE 1ST Ave
Suite, Apt. #, etc. 22 516	Suite, Apt. #, etc. 27 516
City & State 23 MIAMI	City & State 28 MIAMI FL
Zip / Country 24 33132 / 25 DADE	Zip / Country 29 33132 / 30 Dade

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report:
4. FEI Number: 65-0533474 ☐ 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

FERNANDEZ, EDUARDO
520 BRICKELL KEY DR SUITE 305
MIAMI FL 33131

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	1.1 TITLE	P/T/D/V	☐ Change ☐ Addition
NAME	LARAQUE, EDY	1.2 NAME	LARAQUE, EDY	
STREET ADDRESS	520 BRICKELL KEY DR SUITE 301	1.3 STREET ADDRESS	2410 SW 94th Ave	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Mia FL 33189	
TITLE	P	2.1 TITLE	D	☑ Change ☐ Addition
NAME	BELIARD, FRED	2.2 NAME	BELIARD, FRED	
STREET ADDRESS	% 520 BRICKELL KEY DR SUITE 301	2.3 STREET ADDRESS	11736 SW 107th LN	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	MIAMI FL 33186	
TITLE		3.1 TITLE	D	☐ Change ☑ Addition
NAME		3.2 NAME	VICTOR, LUCIEN	
STREET ADDRESS		3.3 STREET ADDRESS	2410 SW 94 Ave	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Mia FL 33189	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: _____ EDY LARAQUE 07/14/95 (305) 373-7749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038000 CP