FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT



OF STATE FLORIDA DEPARTMEN Sandra B. Morti Secretary of Stee

DIVISION OF CORPORATIONS

1996

P94000081106 (4)

DOCUMENT #

SATURN CONSTRUCTION AND DEVELOPMENT, INC.

FILED Mar 14, 1996 08:00 AM **Secretary of State** # (DECIRE# OF 1801) \$484 \$644 \$644 \$640 \$601 \$602 \$644 (100) \$600 \$641 \$660

		Malloy Address				
Principal Place of Business Mailing Address						
14 NE 1ST AV	ENUE	14 NE 1ST AVENUE 516				
516 MIAMI FL 33132 US		MIAMI FL 33132 US		3. Date incorporated or Qualified 11/04/1994	3a. Date of Last Rep 07/19/199	
. Principal Flace	e of Business	2a. Mailing Address		4. FEI Number	A	pplied For
]		26		65-0533474		ot Applicable
Suite, Apt #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , ,	Additional equired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
<u> </u>		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country 30	8. This corporation has liability for in		199.032,
	9. Name and Address of Current	Registered Agent	30	10. Name and Address of New R		
	5. Italic G. G. J. G.		81 Name	1 4040 45 5	DY	
FERNANI	DEZ, EDUARDO		82 Street A	LARAQUE E Address (P.O. Box Number is Not Acceptab		
	KELL KEY DR SUITE 305		13		Set 1	
. MIAMI FL			83			
•			84 City_	-1 (1)	85 Zp	Code
		10074500 51:11 612	1 0	oral bables	FL 3	3/34
 Pursuant to or registered 	the provisions of Sections 607.0502 Lagent, or both, in the State of Florid	and 607.1508, Florida Statut la: Such change was authoriz	es, the above hamed co red by the corporation's	rporation submits this statement for the pur board of directors. I hereby accept the app	pintment as registered	agent. I am
familiar with,	, and accept the obligations of Section	on 607.0505, Florida Statutes	5.	_		
ignature 🔔	withenful	presidento (NO	OTE: Registered Agent signature in		2/05/96	
اخــــــــــــــــــــــــــــــــــــ	granie fant a ponten princ of registers agent. OFFICERS AND	<u> </u>	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12
2.	PTDV	DELETE	1. 1 TITLE	P/T/5/C	Change	☐ Addition
IAME	LARAQUE, EDY		1.2 NAME	LARAQUE, EDY		
SHOP! ADDRESS	21410 SW 94TH AVENUE		1.3 STREET ADORESS	235 Antilla Ave	Art 1	
01Y - S1 - ZIP	MIAMI FL		1.4 CITY - \$1 - ZIP	Corul Gables FL	33134	
1ft F	D	DELETE	2 1 TiTLE	Vice President	☐ Change	Addition
ω. L	Beliard, Fred		22 NAME	GAUTHIER, MAG	C A	
FREE LADDRESS	11736 SW 107TH LN		2.3 STREET ADDRESS	5815 SW 146+h	C7 _	
15 - \$1 - 262	MIAMI FL		2 4 CITY - ST - ZIP	Miumi FL	33183	
i i f	D	DELETE	3 1 TITLE		Change	Addition
AME	VICTOR, LUCIEN		3.2 NAME			
THEFT ADDRESS	21410 SW 94 AVENUE		3.3. STREET ADDRESS			
30 Y - ST - ZIP	MIAMI FL		3 4 CITY - ST - ZIP			
ur.		☐ DEFELE	4 1 TITLE		☐ Change	☐ Addition
AM:			4.2 NAME	8000017	a Omere	
STREET ADDRESS			4.3 STREET ADDRESS	-03/14/96010	¬ ⊅ ∪ © © NGC N 1 1	
DISY - \$1 ZIP		FI profits	4.4 CITY - ST=ZIP	***208.7S		☐ Addition
licti		☐ DELĒTE	5. 1 TITLE		☐ Change	□ Munion
NAM 1			5 2 NAME	1		
STREET AUCHESS			5 3 STREET ADDRESS			
CHY-ST-ZIP		DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		Change	☐ Addition
7:11:1			6.2 NAME		1	``
NAME			6.2 NAME 6.3 STREET ADDRESS		>′_	74
SERECT ADDRESS			6 3 STREET ADDRESS		3	,
certify that		ial report or supplemental an oration or the receiver or trust	rnished and does not qui rnual report is true and ac ee empowered to execu	Lailfy for the exemption stated in Section 119 ccurate and that my signature shall have the te this report as required by Chapter 607, F		

SIGNATURE: