## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State -15 - China of Substanting 1996 P95000020607 (4) DOCUMENT # Corporation Name LTM CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 2109 ALTON RD 1R 2108 ALTON RD. 18 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1995 2. Principal Place of Business 2a. Mailing Address 4. Ft.l Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country This corporation has lability for intangible tax under s 199.032, Florida Statutes X Yes No Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ANA MARIA LOPEZ LOUDEN, HENRY T Street Address (P.O. Box Number is Not Acceptable) 82 2108 ALTON RD. 1B MIAMI BEACH FL 33140 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, Ham familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. ANA MARIA LOPEZ, PRESIDENT SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.111116 LOPEZ, ANA M NAME CR2E034 2108 ALTON RD. 1B ROAD, #1B STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 2 1 TITLE OBERT JOSEPH NAME 2.2 NAME STREET ADDRESS ALTON ROAD, #18 2.3 STREET ADDRESS CITY-SI-ZIP 24 CITY-ST ZIP TITLE DELE IL 3 1 T TLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4 CITY - ST - ZIP TITLE DELETE 4 1 11116 Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Addition 5 1 HHE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP THLE DELETE 6 1 THE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 C7(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplicit annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of this annual report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

WA MARIA LOPEZ, PREJIDENT4-3-96
OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if char

SIGNATURE AND