

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000027043 (5)
1. Corporation Name

PALM SPRINGS CONSTRUCTION MANAGEMENT CORP.

Principal Place of Business

Mailing Address

1020 WEST 37TH STREET
HIALEAH FL 33012

1020 WEST 37TH STREET
HIALEAH FL 33012



3. Date Incorporated or Qualified

04/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒ Applied For
☐ Not Applicable

6. Election Campaign Financing
Trust Fund Contribution

☐ \$8.75 Additional
Fee Required
☐ \$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

10. Name and Address of New Registered Agent

LIEBERMAN, ARNOLD L
1840 WEST 49TH STREET
SUITE 520
HIALEAH FL 33012

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

Signature of type 1 registered agent or registered agent acceptable

(DATE) Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PDCRUZ, MANUEL E. Cruz, Manuel E.
STREET ADDRESS 1020 W. 37TH STREET
CITY-ST-ZIP HIALEAH FL 33012

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

PD ☒ Change ☐ Addition
Cruz, Manuel E.

TITLE D ☐ DELETE
NAME PDCRUZ, MANUEL E. Cruz, Manuel E.
STREET ADDRESS 1020 W. 37TH STREET
CITY-ST-ZIP HIALEAH FL 33012

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

D ☒ Change ☐ Addition
Cruz, Manuel E.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Secretary Director
Ricardo Alejandro A.
825 Arthur Godfrey Rd.
Miami Beach, Florida 33140
☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or 13, if changed, or on an attachment with an address.

SIGNATURE:

MANUEL E. CRUZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 13/96 305-229-4208
DATE Daytime Phone

CR2E034 (3/96)