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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000034446 (1)

V.O. CONSTRUCTION CORP.

Principa:	Place	of Busines	35

Mailing Address

## FILED Apr 08 1997 8:00am Secretary of State



451 E. 28TH STREET HIALEAH FL 33013		451 E. 28TH STREET HIALEAH FL 33013-3641						
				3a. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1996				
2. Principal Place of Business 2a. Mailing Address			W.,,	4. FEI Number	1		Applied For	
1		26			65-0582085			Not Applicab
Suite, Apt.	#, etc	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.7	75 Additional
2		27			8. Cértificate di Status Desireu		Fe	e Required
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
Zip 4	Gountry 25	Zip <b>29</b>	30 Count	lry		Yes [	] No	ler s. 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered /	lgent	
ORT	ega, modesto n	,		Name				
- 8000 WEST 6TH AVE. 451 E 28 street  HIALEAH FL 33014 HALEAH FL 3301.			7 8	Street Add	ess (P.O. Box Number is Not Acceptable)			
_HIAL	EAH FL-33014—	attun fu s	8	13				
			8	4 City		FL	85	Zip Code
44 Duranal	to the evenir one of Coolings COZ DE	02 and 607 1509. Florida Stat	tuton the obe	wo named cor	rporation submits this statement for the p			ng ite renistere
office or r	registered agent, or both, in the State	e of Florida. Such change wa	s authorized	by the corpora	ation's board of directors. I hereby accep	ot the appo	ointmen	ing its registered
agerit La	in familiar with, and accept the obliq	gations of, Section 607.0505,	Florida Statut	tes.	· · ·	04-0	7-9	97
SIGNATURE	WHIS!		275. 0			DATE		
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14. Ido hereby certily 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:

GNATURE AND TYPED OF MEDICAL PLANE OF SIGNING OFFICER OR DIRECTOR

04-02-97

Daytimir Phone # 0001514