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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

2. Principal Place of Business

Lam an officer or director of the corporat appears in Block 12 or Block 13 if charve

SIGNATURE:

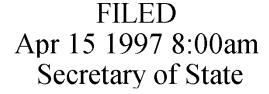
21

2a. Mailing Address

| DOCUMENT # | P95000039677 | (6) |
|-------------------|----------------|-----|
| L.J. BENCOSME COI | NTRACTOR, INC. | |

Principal Place of Business Mailing Address 5545 W 24 AVE 5545 W 24 AVE #102 #102 HIALEAH FL 33016 HIALEAH FL 33016-4775

26





3a. Date of Last Report

Applied For

Not Applicable

04/18/1996

3. Date Incorporated or Qualified

05/18/1995

65-0580154

| Suite, Apt | #, etc. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 27 | Suite, Apt. #, etc | | | | Certificate of Status Desired Sa.75 Additional Fee Regulred | | |
|--|-------------------|--|---|----------------------|-----------------|----------------|--------------|---|--|--|
| City & Stat | e | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | | 28 | | | | | Trust Fund Contribution Added to Fees | | |
| Zip | | Country | | Zip | } -7 | untry | | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | | 25 | 29 | | 30 | | | Fkorida Statutes Yes No | | |
| ļ | | and Address of Cur | rent Hegis | tered Agent | | 1 | Name | 10. Name and Address of New Registered Agent | | |
| BENCOSME, LUIS J | | | 81 | Name | | | | | | |
| 2843 SHERIDAN AVE | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| APT 12 | | | | | | | | | | |
| MIAMI BEACH FL 33139 | | | | 83 | | | | | | |
| | | | | 84 | City | FL 85 Zip Code | | | | |
| 11, Pursuant | to the provis | ions of Sections 607.0 | 502 and 6 | 07.1508, Florida Sta | atutes, the | BOOVE | -named | d 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 | | | | | | | | | | |
| h | Stjoatare, type: | for printed name of registered | | | | | nt signature | e required when reinstating) DATE | | |
| 12. | NAK. | OFFICERS A | AND DIREC | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TIFLE | PSD | ME THO I | | ☐ DELETE | 2 | TITLE | | Change Addition | | |
|) NAME | | ME, LUIS J | DT 40 | | | NAME | - 1 | | | |
| STREET ADDRESS | | | | 1.3 9 | STREET | ADDRESS | | | | |
| CHY-ST ZIE | MIAMI BE | EACH FL | | | 1.4 (| CITY - \$1 | T-ZIP | | | |
| Till | | | | DELETE | 21 | TITLE | j | Change Addition | | |
| NAME | | | | | 2.21 | NAME | j | | | |
| STREET ADDRESS | STREEL ADDRESS 23 | | 2.3 5 | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST ZIP | İ | | | | 2.4 | CITY-S | 1-ZIP | | | |
| UNE | | | | ☐ DELETE | 3.11 | TITLE | | ☐ Change ☐ Addition | | |
| HAME | 1 | | | | 321 | MAME | 1 | | | |
| STREET ADDRESS | | | | | 3.3 3 | STREET . | address [| | | |
| City St Zip | | | | | 3.4. | CiTY-S | T-ZIP | | | |
| T.ILF | | | | DELETE | 4.11 | TITLE | | ☐ Change ☐ Addition | | |
| NAME (| · | | | | 4.2 | NAME | | | | |
| STREET ADDRESS | | | | | 4.3 5 | STREET . | ADDRESS | | | |
| CITY-ST-2IP | ' I | | | | 4.4 (| CITY-SI | r-zie | [| | |
| THE | | | | DELETE | | TITLE | | Change Addition | | |
| NAME | l | | | | 521 | NAME | (| | | |
| STREET ADDRESS | ' | | | | 5.3 5 | STREET | ADDRESS | | | |
| CHT - ST- ZIP | | | | | - 1 | CITY-SI | í | | | |
| TITLE | | | | DELETE | | TITLE | | ☐ Change ☐ Addition | | |
| NAME | ı | | | | | NAME | | | | |
| STREET ADDRESS | · ! | | | | 1 | | ADDRESS | | | |
| CITA-ST- ZIP | l | | | | - 1 | CHTY-SI | (| | | |
| by the second se | by certify that | it the information supp | lied with th | is filing does not a | | | | 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 of the technique of the property of the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name | | | | | | | | | | |