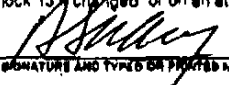


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997-8				FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000084216					
1. Corporation Name KARL M. REIK CONSTRUCTION, INCORPORATED					
Principal Place of Business 1133-B S. Ft THOMAS AVE. Ft. THOMAS, Ky 41075			Mailing Address 1133-B S. Ft. THOMAS AVE. Ft. THOMAS, Ky 41075		
2. Date Incorporated or Qualified 11/02/95		3a. Date of Last Report 4/21/97			
4. FEI Number 61-1291436		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒		\$0.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No					
8. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
9. Name and Address of Current Registered Agent STEPHEN L. PERRONE 2600 SW THIRD AVE SUITE 800 MIAMI, FL. 33129			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE - SUITE 900 83 84 City MIAMI FL 85 Zip Code 33131		
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.					
SIGNATURE _____ DATE _____ Signature good or gives same as registered agent and title is acceptable (NOTE: Registered Agent signature required when terminating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE NAME KARL M. REIK STREET ADDRESS 1133-B S. Ft. THOMAS AVE CITY-ST-ZIP Ft. THOMAS, KY 41075			11 TITLE ☒ Change ☐ Addition DIP 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			21 TITLE ☐ Change ☒ Addition S 22 NAME 23 STREET ADDRESS 1000 BRICKELL AVE - SUITE 900 24 CITY-ST-ZIP MIAMI FL 33131		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		
			200002508762 -05/04/98--01015--003 ***158.75		
14. I do hereby certify 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:  ANGEL SUAREZ 4/26/98 305-379-7100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Number					

CORPFORM 1998B