

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000091078 (2)

1. Corporation Name
CONSTRUCTORA VAFER, INC.

Principal Place of Business 1822 CANTON STREET ORLANDO FL 32803	Mailing Address 1822 CANTON STREET ORLANDO FL 32803-3316
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2. Principal Place of Business 21 1810 Welton St. Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32803		2a. Mailing Address 26 1810 Welton St. Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32803		3. Date Incorporated or Qualified 11/30/1995		3a. Date of Last Report 09/03/1996	
Country 25 U.S.		Country 30 U.S.		4. FEI Number 59-3368708		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

VARGAS, ALFONSO C
1822 CANTON STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VARGAS, ALFONSO C	
STREET ADDRESS	1822 CANTON ST.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VARGAS, KILSY J	
STREET ADDRESS	1822 CANTON ST.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VARGAS, ALFONSO C.	
1.3 STREET ADDRESS	1810 Welton St.	
1.4 CITY-ST-ZIP	Orlando, FL 32803	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VARGAS, KILSY J.	
2.3 STREET ADDRESS	1810 Welton St.	
2.4 CITY-ST-ZIP	Orlando, FL 32803	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Kilsy J. Vargas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (407) 895-6055
Date Daytime Phone #

0084338

CR2E034 (9/96)