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 # P95000095428 (5)

IGNASIL CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



PEMBROKE PINES FL 33025		MIAMI FL 33134-1643					
					3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report 04/23/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0630158		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		<u></u>	5. Certificate of Status Desired		5 Additional Required
City & State	•	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30 g. Name and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
		Registered Agent	B	1 Name	10. Name and Address of New Re	gistered Agent	
	MAN, IGNACIO	CO NU 20 C+++	1	Name			
		60 NW 29 Stre Inrise, Fl. 33			ddress (P.O. Box Number is Not Acceptab	ole)	
			8	3			
 I			8	1		FL T	Zip Code
11. Pursuant i office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	? and 607.1508, Florida Statute of Florida Such change was a tions of, Section 607.0505, Flor	s, the abo uthorized f rida Statut	ve-named o by the corpo es.	corporation submits this statement for the poration's board of directors. I hereby acceptation	ourpose of changir of the appointment	ng its registered t as registered
SIGNATURE	Signature, typed or printed name of registered age:	st and the Lau cleable (MOTE	Desirbund A	cont sional no m	equired when reinstating)	DATE	
12.	OFFICERS AND		13.	geni şignatire n	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TOTLE	D	☐ DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Char	
NAME	GUZMAN, IGNACIO		1.2 NAM	E.			
STREET ADDRESS	8630 S.W. 16TH COURT		1.3 STRE	ET ADDRESS	6660 NW 29 Street		
CITY-ST-ZIP	PEMBROKE PINES FL 33025		14 CITY	- S1 - ZIP	Sunrise, Fl 3331	3	
TITLE	DELETE				•	Char	nge 🔲 Addition
NAME			2.2 NAM				
STREET ADDRESS			2 3 STRE	ET ADDRESS			
CITY-ST-ZIP				- ST - ZIP			A description
TITLE		☐ DELETE	3.1 TITLE		•	L Char	nge 🔲 Addition
NAME			3.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY 4.1 T(TL)	- ST - ZIP		Char	nge Addition
TITLE			4.7 MILE				ige
NAME			1				
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	-ST-ZIP		Char	nge Addition
NAME			5.2 NAM				· –
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	6.1 1HL			☐ Char	nge Addition
NAME		•	62 NAM	ţ.			
STREET ADDRESS				ET ADDRESS	•		
CITY-ST-ZIP			6.4 CI1Y				
0111-01-41L	<u> </u>		0 1 0111	₩1 E11			

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 23 if changed, or on an attachment with an address.