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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam 🦖

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000509 (5)

KARMEN CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

FILED Jun 05 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 01/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 25 3225 S.W. 81s+ Ave 26 3225 SW 81s+ Ave (65 - 0 (629 - 2(69)))	Applied For Not Applicable 3.75 Additional Fee Required
21 .3225 S.W. 81s+ Ave 26 3225 SW 81s+ Ave. 65-0629-269	Not Applicable 3.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State City & State 6. Election Campaign Financing \$	5.00 May Be
Zip Country Zip Country 8. This corporation has liability for intendible tax u	nder s. 199,032,
24 33 155 25 29 33 155 30 Florida Statutes Ves No	1
FIGUEREDO, JORGE 324 N.W. 136TH PLACE MIAMI FL 33182 81 Name Montes de Oco, Felip 82 Sireel Address (P.O. Box Number is Not Acceptable) 3225 S.W. 81st Ave.	e J.
84 City City FL 85	Zip Code 333155
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits his statement for the purpose of chan 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 appointm agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	ging its registered ont as registered
	1-25-97
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	ECTORS IN 12
	hange Addition
NAME FIGUEREDO, JORGE 12 NAME	
STREET ADDRESS 324 N.W. 138TH PLACE 1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33182 1.4 C(TY-ST-ZIP	
	hange Addition
NAME MONTE DE OCA, FELIPE J 22 NAME MONTE DE OCA, FELIPE J	
STREET ADDRESS 3225 S.W. 81ST AVE. 2 3 STREET ADDRESS	
CITY-ST-ZIP MAMI FL 33155	
	hange
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP 34.CiTY-ST-ZIP	
	hange L. Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
	hange
NAME 5.2 NAME	
STREET ADDRESS 53 STREET ADDRESS 64 DUTY OF THE	_ [
54 CHT-51-2P	
	hange
NAME 6,2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	

I do hereby certify that the information supplied with this filling 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 supplied 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 true 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 true 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 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 true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation of th