FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Moctham ANNUAL REPORT FILED Secretary of State **DIVISION OF CORPORATIONS** 1997 97 JUL -7 AM II: 23 DOCUMENT # P96000008291 (2) SECRETARY OF STATE TALLAHASSEE, PLORIDA ENNIO CONTRACTING INC Principal Place of Business Mailing Address 740 S.W. 108 AVENUE #308 740 S.W. 109 AVENUE #308 MIAMI FL 33174 MIAMI FL 33174-1372 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NW 27 AUE 7600 NW 27 AUS 65-063 9299 7600 Not Applicable 26 Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 201 90 Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing MIAMI MIAMI Trust Fund Contribution 28 Added to Fees 33147 Country Country 8. This corporation has liability for intangible tax under s. 199.032. 33 25 ONDE 29 33/4 9. Name and Address of Current Registered Agent ONOE Yes \_ ∏ No Florida Statutes 10. Name and Address of New Registered Agent 81 Name GONZALEZ, ALEJANDRO J40 S:W,-109 AVENUE #308 82 Street Address (P.O. Box Number is Not Acceptable) MIANI-PL 99174 --83 в4 City 85 Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD ☐ DELETE TITLE 1.1 TITLE ☐ Change Addition 8087 NW 75+ #10 **GONZALEZ, ALEJANDRO** NAME 1.2 NAME 740 S.W. 109 AVENUE #308 808 7 1.3 STREET ADDRESS STREET ADORESS MIAMI-FL-99174-1.4 CITY~ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP 100002234581--2 -07/10/97--010194-002/40/00 \*\*\*\*165.00 \*\*\*\*165.00 DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREE ADDRESS 3.3 STREET ADDRESS CITY ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

(96/6)

(305) 101 231

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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STREET ADDRESS

CITY-ST-ZIP