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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Jan 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # P96000011962 (3)

SOUTHERN BUILDERS OF MIAMI, INC.

0001111										
Principal Place	Mailing Address	ailing Address					#36 40 (8 1 55 30	# 118#E E 18 O##	18 11 E1 1 B B L	
7990 S.W. 117 AVENUE 7990 S.W. 117 AVENUE										
SUITE 137 SUITE 137							DO NOT WRITE	E IN THIS !	SPACE	_
MIAMI FL 33183 MIAMI FL 33183							3. Date Incorporated or Qualified			
}							02/07/1996			-
Principal Place of Business 2a. Mailing Address							4. FE! Number		qA	plied For
21 26							65-0648287			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired	À ₹	\$8.75 A	
22 27 City & State City & State						-	6 Floring Compaign Financian			
23 28							Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
				Country			8. This corporation owes or has pa			
24	25	29	30	_			Personal Property Tax due June	_] No
	9. Name and Address of Current					1	0. Name and Address of New Re	gistered .	Agent	
GAF	RCIA, HECTOR			81	Name					
7990 S.W. 117 AVE.				82	Street Ad	ddress	ess (P.O. Box Number is Not Acceptable)			
SUITE 137				on State (1997)						
MIAMI FL 33183				83						
	1 ()			84	City				85 Zip (Code
1 0 1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0							the authorite this statement for the	FL	f changing it	e radictored
11. Pursuant in provement of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or rigg inductions, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. Limit for the purpose of changing agent. Limit for the purpose of changing office or right and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. Limit for the purpose of changing office or right and the state of Florida. Statutes. SIGNATURE Signature required when reinstating) DATE								ointment as	registered	
12.	OFFICERS AND		13.		in digitation to	Janoa II	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12
TITLE	46	DELETE	1,1 7	TITLE					Change	Addition
NAME	AGUIRRE, GERARDO L		1.2	VAME						
STREET ADDRESS	7990 S.W. 117 AVE., STE. 137		1.3 9	STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33183		1.4 (CΠY-S	T-ZIP					
TITLE	105			2.1 TITLE					Change	Addition
NAME	GARCIA, HECTOR			NAME						, 1
STREET ADDRESS	7990 S.W. 117 AVE., SUITE 13	7			ADDRESS					
CITY - ST - ZIP	MIAMI FL 33183	DELETE		CITY-S	ST-ZIP				Change	Addition
TITLE		רַ דרנינ		NAME						
NAME					ADDRESS					i
STREET ADORESS				CITY-S						
CITY-ST-ZIP TITLE		DELETE		TITLE	31-715				Change	Addition
NAME		<u> </u>		NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S						
TITLE	- 400	DELETE		TITLE					Change	Addition
NAME		•	5.2	NAME						
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY-ST-ZIP				CITY-S	j					
TITLE		DELETE		TITLE					Change	Addition
NAME	^		6.2	NAME	1					

fied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information imental 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 ite receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a street many and the sections.