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

FILED
97 AUG 11 AM 11:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000017833

1. Corporation Name
Construction LaBoR UnLimited inc.

Principal Place of Business: 2145 Davie Blvd Suite 204 Ft. Lauderdale FL. 33312
Mailing Address:

2. Principal Place of Business
21 2145 Davie Blvd
22 Suite, Apt. #, etc. 204
23 City & State FT LAUDERDALE
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 6/13/96
3a. Date of Last Report: 6/13/96
4. FEI Number: 65-0647678 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
FRANK SMith
2145 Davie Blvd #204
Ft. Lauderdale FL. 33312

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

100002266671--2
08/14/97--01033--004
****165.00 ****165.00
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] 6/15/97
(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	☒ DELETE
NAME	Loza, Luis	
STREET ADDRESS	1102 SW 6 ST	
CITY-ST-ZIP	Ft Lauderdale FL 33312	
TITLE	SD	OK
NAME	Allen, Joseph	
STREET ADDRESS	4180 SW 22nd ST	
CITY-ST-ZIP	Ft Lauderdale FL 33317	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRES.	☐ Change ☒ Addition
1.2 NAME	Terrence Vorgenson	
1.3 STREET ADDRESS	2604 SW 9 Place	
1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33312	
2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
2.2 NAME	KEN SPERA	
2.3 STREET ADDRESS	4180 SW 22ND ST.	
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33317	
3.1 TITLE		Change Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	Change ☒ Addition
4.2 NAME	FRANK SMITH	
4.3 STREET ADDRESS	2145 DAVIE BLVD	
4.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
5.1 TITLE	VP	☐ Change ☒ Addition
5.2 NAME	CLIFTON CLARKE	
5.3 STREET ADDRESS	2880 NW 1 ST	
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

AD

CR2E034 (9/96)

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: [signature] FRANK SMITH-VP 5/22/97 954-316-9919