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

Mailing Address

8230 SW 62ND COURT MIAMI FL 33143-8008

2a. Mailing Address

Suite, Apt. #, etc.

26

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #. etc.

SIGNATURE:

SIGNATURE AND TYPES OR PI

8230 SW 62ND COURT

MIAMI FL 33143

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021469 (7)

ADVANTA CONSTRUCTION, CO.

Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Zin Florida Statutes Yes No 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DE LEO. ROBERTO O 8230 SW 62ND COURT 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 84 Zip Code City 85 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 (NOTE: Fegistered Agent signature required when reinstating) Signature, typed or printed harne of registered agent and title diapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DIRECTOR ☐ DELETE Change Addition 1.1 TITLE HILE robertode leo 1.2 NAME MALIÉ B230600624 CA. 1.3 STREET ADDRESS STREET ADDRESS MIDMI FL 33143 1.4 CITY-ST-ZIP CITY- ST-ZIP Addition DELETE Change 1011 F 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ACCRESS 2.4 CITY - ST-ZIP DITY-ST ☐ Addition Change DELETE 3.1 TITLE PILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP Cary-ST-7iP Change DELETE Addition 4.1 TITLE TILLE 4. 2 NAME HAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-S1-ZIP Change ___ Addition DELETE 5.1 TITLE THEE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP COLY - S1 - ZIP Addition DELETE Change 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST-ZIP 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. Further certify that the information indicated on this annual report of supplier certified annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 il changed

FILED Feb 27 1997 8:00am Secretary of State

3a. Date of Last Report

Daytime Phone #

Applied For Not Applicable

\$8.75 Additional

3. Date Incorporated or Qualified

5. Certificate of Status Desired

03/05/1996

4. FEI Number