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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000028523 (4)

SUNCO CONSTRUCTION, INC.

Principal Place of Business

2364 SOUTH WEST 17 AVENUE
MIAMI FL 33145

3. 1

2. Principal Place of Business

288. Mailing Address

288. Mailing Address

X4. I

FILED Apr 01 1997 8:00am Secretary of State



					l .			
					3. Date incorporated or Qualified 04/02/1996	3a. Da	ate of Last Re	eport
2. Principal FI	ace of Business	2a. Mailing Address			X4, FEI Number		Ap	plied For
1		26			65-06717	70	<del></del>	t Applicable
Suite. Ap:	# etc	Suite, Apt. #, etc.					\$8.75	
2 27				5. Certificate of Status Desired			Fee Required	
City & State City & State					Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zφ 4	Gountry 25	Ζφ <b>29</b>	Countr 30	<b>y</b>	This corporation has liability for Florida Statutes	rintangible Yes [		. 199.032,
<u> </u>	9. Name and Address of Curre		L		10, Name and Address of New R	egistered	Agent	
GOA	IZALEZ, FERNANDO		81	Name				
2364 SOUTH WEST 17 AVENUE MIAMI FL 33145								
				82 Street Address (P.O. Box Number is Not Acceptable)				
			84	City		FL	<b>85</b> Zip (	Code
agent I a	or familiar with, and accept the oblination states of the oblination of the states of	gations of, Section 607.0505, Fig	orida Statute	3S.	ation's board of directors. I hereby according to the statement of the sta	DATE		
12.	OFFICERS A	13.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	3\$ IN 12	
TITLE	D	DELETE	1.1 TITLE				Change	Addition
NAMÉ	GONZALEZ, FERNANDO		1.2 NAME					
STREET ADDRESS	2364 SOUTH WEST 17 AVE	NUE	1	T ADDRESS				
	MIAMI FL 33145							
City St-7/9	MICANI I E 00170	DELETE	1.4 CHTY- 2.1 THTLE			<del></del>	Change	Additio
THILE				1			C G Idango	
NAME			2 2 NAME	1				
STREET ADDRESS				ET ADDRESS				
CITY - \$1 - ZIP	,		2. 4 CITY			<del></del>		
THE		☐ DELETE	3.1 ₹ITLE		•		Change	Additio
NAME			3.2 NAME	:	•			
STREET ADDRESS			3.3 STREE	ET ADDRESS				
CITY - ST - ZIP			3.4. CITY	-ST-ZIP		.,		
THEF		DELETE	4.1 TITLE				Change	Additio
NAME			4. 2 NAM	E				
STREET ADDRESS				ET ADDRESS				
			4.4 CITY-	1				
CHY-ST-ZIP THIE		DELETE	5.1 TITLE		V		Change	Additio
			5.2 NAMI					
NAME			1					
STREET ADORESS				ET ADDRESS				
City-St ZiF			5.4 CITY	<del></del>				1 1 4 2 2 2
TITLE		☐ DELETE	6.1 TITLE				Change	Additio
NAME			6.2 NAME	£				
STREET ADORESS			6.3 STRE	ET ADDRESS				
City_SL.7.P			6.4 CITY	- ST - 7IP				

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

mand 502/17/97

Daytime Phone #