

FILE NOW: FILING FEE AFTER MAY 15: \$300.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # 7960000 36599

1. Corporation Name

S.C. Sub-Contractor, Inc.

Principal Place of Business

Mailing Address

1686 W 41 St.

1686 W 41 St.

Hialeah - FL 33012 Hialeah - FL 33012

2. Principal Place of Business

Mailing Address

21 5405 W 14 LN.

26 5405 W 14 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
23 Hialeah - FL.City & State
28 Hialeah - FL.

Zip

Country

Zip

Country

24 33012

25 DADE

29 33012

30 DADE

3. Name and Address of Current Registered Agent

SUSANA CASTRO
1686 W 14 St.
Hialeah - FL 33012

3. Date Incorporated or Qualified

3a. Date of Last Report

04/24/96

First.

4. FEI Number

Applied For

65-0662799

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199 U.S.

Florida Statutes

☐Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

SUSANA CASTRO

82 Street Address (P.O. Box Number is Not Acceptable)

5405 W 14 LN.

83

84 City

Hialeah

FL

85 Zip Code

33012

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

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME SUSANA CASTRO
STREET ADDRESS 1686 W 14 St.
CITY-ST-ZIP Hialeah - FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE

PRESIDENT

☐ Change☐ Addition

1.2 NAME

SUSANA CASTRO

1.3 STREET ADDRESS

5405 W 14 LN.

1.4 CITY-ST-ZIP

Hialeah - FL 33012

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002180816

-05/16/97--01014--030

***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Daytime Phone # 0240848