

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

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000037154 (7)

1. Corporation Name
JCB CONSTRUCTION MANAGEMENT, INC.



Principal Place of Business
7841 NW 56TH ST SUITE 100
MIAMI FL 33168

Mailing Address
7841 NW 56TH ST SUITE 100
MIAMI FL 33168-3523

3. Date Incorporated or Qualified 04/25/1996	3a. Date of Last Report
4. FEI Number	☒ 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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

DIAZ, JUAN
7841 NW 56TH ST SUITE 100
MIAMI FL 33168

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. STREET ADDRESS		1.2 NAME	
3. CITY, ST, ZIP		1.3 STREET ADDRESS	
4. TITLE	☐ DELETE	1.4 CITY, ST, ZIP	☐ Change ☐ Addition
5. NAME		2.1 TITLE	☐ Change ☐ Addition
6. STREET ADDRESS		2.2 NAME	
7. CITY, ST, ZIP		2.3 STREET ADDRESS	
8. TITLE	☐ DELETE	2.4 CITY, ST, ZIP	☐ Change ☐ Addition
9. NAME		3.1 TITLE	☐ Change ☐ Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY, ST, ZIP		3.3 STREET ADDRESS	
12. TITLE	☐ DELETE	3.4 CITY, ST, ZIP	☐ Change ☐ Addition
13. NAME		4.1 TITLE	☐ Change ☐ Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY, ST, ZIP		4.3 STREET ADDRESS	
16. TITLE	☐ DELETE	4.4 CITY, ST, ZIP	☐ Change ☐ Addition
17. NAME		5.1 TITLE	☐ Change ☐ Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY, ST, ZIP		5.3 STREET ADDRESS	
20. TITLE	☐ DELETE	5.4 CITY, ST, ZIP	☐ Change ☐ Addition
21. NAME		6.1 TITLE	☐ Change ☐ Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 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. 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)