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

CORPORATION ANNUAL REPORT

1998

1485 W. 5TH CT.

HIALEAH FL 33010



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044086 (2)

CAPITAL CONSTRUCTION OF SOUTH FLORIDA INC.

Principal Place of Business Mailing Address

FILED Jan 16 1998 8:00am Secretary of State

1485 W. 5TH CT. HIALEAH FL 33010		1485 W. 5TH CT. HIALEAH FL 33010		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				05/17/1996	
2. Principal Place of Business		2a. Mailing Address		4. FÉI Number	Applied For
21		26		65-0675423	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5 Certificate of Status Desired 7 \$8.7	5 Additional Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Personal Property Tax due June 30.	Intangible No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RODI	RIGUEZ, VICENTE		81 Name		

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.

82

83 84 City

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

(NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE RAISA MARTINEZ NAME 1.2 NAME 16402 N.W. 82 PLACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST-ZIP CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 T)TLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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

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Zip Code