STREET ADDRESS

CITY-ST-ZIP

| AMOUNT DUE | ON OR BEFORE 9/17/97: \$550 | (IF DISSOLVED, MINIMUM AF | MOUNT DUE TO | REINSTATE: \$7 | 750.) | |
|---|---|--|--|----------------------------------|--|------------|
| COF ANNU | CORPORATION INNUAL REPORT | | DA DEPARTMENT OF STATE SENDRA B. Mortham Secretary of State SION OF CORPORATIONS | | FILED | |
| DOCUMENT # P9600045440 (0) J.J. ENGINEERING CONTRACT CORP. | | | | | 97 SEP 16 PM 2: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Delevis of Olev | - 10 | | | | | |
| Principal Place of Business Mailing Address 7014 \$W 103 PL 7014 \$W 103 PL | | | | | | |
| MIAMI FL 331 | 73 | MIAM! FL 33173 | 1 | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 05/21/1996 | |
| 2. Principal P | lace of Business | 28. Mailing Add | ress | | 4. FEI Number 4.5-0673324 Applied Not App | |
| Suite, Apt. | H. etc. | Oli de 27 1 | , etc. | | 5. Certificate of Status Desired | |
| City & State | 0 | City & State | | | 6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee | |
| Zip 24 3.34 | 034 Country (| Zip 29 | 30 | ountry | This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. Yes No | ole |
| | 9. Name and Address of | Current Registered Agent | | 81 Name | 10. Name and Address of New Registered Agent | |
| | BLADA, JOSE L 1 4 S W 103 PL | | | | 1 Address (P.O. Box Number is Not Acceptable) | |
| MIA | MI FL 33173 | | | 83 | The state of the s | |
| | | | | 84 City | ■4 85 Zip Code | |
| 11. Pursuant | to the provisions of Sections | 607.0502 and 607.1508, Flori | da Statutes, the | above-named | d corporation submits this statement for the purpose of changing its regi | istered |
| office or registered agent, or both, in the State of Fiorida. 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 | Signature, typed or printed name of reg | istered agent and little if applicable | (NOTE: Registe | cred Agent signature | re required when roinstating) DATE | |
| 12. | | ERS AND DIRECTORS | 1; |). · | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | |
| TITLE NAME | PV TABLADA, JOSE L | □ 04 | | NAME | 3000022985f3 -09/19/9701109013 | Addition |
| STREET ADDRESS | 7014 SW 103 PL MIAMI FL 33173 | | 1.3 | STREET ADDRESS | ****165.00 ****165.0 | 00 |
| CITY-ST-ZIP TITLE | TS | | | CITY-ST-ZIP | Chance | Addition |
| NAME | MIRABAL, JOSE | | | NAME | To Mirabal Jose Winange 138040 Sw 199 av. Homestrad Floring 33 | 74,511,011 |
| STREET ADDRESS | 3848 SW 199 AVE. | | 23 | STREET ADDRESS | 38040 SW 199 ava | 2/4 |
| CITY-ST-ZIP | FLORIDA CITY FL 3303 | | | 4 CITY-ST-ZIP | Homestrad Horiky 33 | CU7 |
| TITLE | | □ DI | | TITLE | Change | Addition |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS I. City-St-Zip | | |
| CITY-ST-ZIP TITLE | | □ Di | | TITLE | Change | Acdition |
| NAME | | | | 2 NAME | | 1 |
| STREET ADDRESS | | | 4.3 | STREET ADDRESS | | 1 |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | | ☐ DE | ELETE 5.1 | TITLE | Changa Changa | Addition |
| NAME | | | 1 | NAME | | - |
| STREET ADDRESS | | | | STREET ADDRESS | W' ' | - |
| CITY-ST-ZIP TITLE | | Dt | | I CITY - ST - ZIP TITLE | Change | Addition |
| NAME | | ↓ | | NAME | ا ماهان کے ماهان | |

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 that 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 feport as equired 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.

1) two month ugo, I did set the Annual Report. I will sunt again the Aport, and I will put Stop payment to the First eluck, I will set a new chiel with the First amount, + the Anval Mport. Ja Hall John Son (305) 595-0040.