

4-9-97 B W92 C
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Apr 09 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 # P96000049631 (0)

1. Corporation Name
SURE STRUCTURE, INC.



Principal Place of Business
1642 SW 19 TER
MIAMI FL 33145

Mailing Address
1642 SW 19 TER
MIAMI FL 33145-2834

3. Date Incorporated or Qualified
06/10/1996

3a. Date of Last Report

2. Principal Place of Business
21 12550 SW 219 ST
Suite, Apt. #, etc.

2a. Mailing Address
26 12550 SW 219 ST
Suite, Apt. #, etc.

4. FEI Number
65-0671243

Applied For
Not Applicable

22 City & State
MIAMI FLORIDA

27 City & State
MIAMI FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country
33170 USA

28 Zip Country
33170 USA

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

9. Name and Address of Current Registered Agent
HERNANDEZ, JOSE R
12550 SW 219 ST
MIAMI FL 33170

10. Name and Address of New Registered Agent
81 Name JOSE R Hernandez
82 Street Address (P.O. Box Number is Not Acceptable)
12550 SW 219 ST
83
84 City MIAMI FL 85 Zip Code 33170

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 *[Signature]* DATE 3-18-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D HERNANDEZ, JOSE R
STREET ADDRESS	12550 SW 219 ST
CITY-ST-ZIP	MIAMI FL 33170
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D DOSTOURIAN, MURATD
STREET ADDRESS	1642 SW 19 TER
CITY-ST-ZIP	MIAMI FL 33145
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 its 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 attached with an address.

SIGNATURE: *[Signature]* DATE 3-18-97 (305) 2572443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)