## FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055881 (2)

TCB CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

## FILED May 13 1998 8:00am Secretary of State



2. Principal Place of Business 11 VZ 5 8 Scw   SC PC   26   12 S 8 S 25 C PC	18064 SW 138 MIAMI FL 331		16064 SW 138 PL. MIAMI FL 33177					
2. Michael Race of Business     VZ 5 8   Substitution	MINMI FL 331	,,	MIAMITE 33177			DO NOT WRITE IN THIS	SPACE	
2. Principal Place of Business   2. Mailling Address   2. Mailling Address   3. Fish Number   Applied for   Main Applicable   5. Certificate of Statum Desired   58.75 Additional   5. Certificate of Statum Des						1		
SURE, Appl. et etc.    Suries, Appl. et etc.   Suries   Suries, Appl. et etc.   Suries, Appl. et etc.   Suries, Appl. etc.   Suries, Addition of Status Desired   \$5.00 May per the Property Tax Addition   Sp. 75 Additional   Sp. 75 Additiona								
Suite, April 4, etc.    Suite, April 4, etc.   25   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20   27   20			<u> </u>				<del></del>	•
City & State   27					o PC	65-0678989		
City A State    City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City	<b>–</b>	f, etc.	<del>}-</del> 1			5. Certificate of Status Desired		
28						C. Flantin Committee Financia		
20   20   20   20   20   20   20   20	_ · ·		h	\$10				
Series Andress of Current Registered Agent  10. Name and Address of Current Registered Agent  11. Name  12. Size Address of New Registered Agent  13. Name  14. City  15. Amendad Address of New Registered Agent  15. Name  16. Name and Address of New Registered Agent  16. Name and Address of New Registered Agent  17. Rurauant to the provisions of Sections 807 0002 and 807 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes  17. Rurauant to the provisions of Sections 807 0002 and 807 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes  18. Address of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Name  19		14.4.4	_ <del>}</del>		rv	Troop residence and the second		
Section   Sect	_ `		29 33196		•	1		
16064 SW 138 PL.   12 Street Address (P.O. Box Number is Not Acceptable)			. <del></del>	1991 J			Agent	
16064 SW 138 PL   MIAMI FL 33177   B5 Zip Code	VFI	AZQUEZ, LEONARDO II		8	1 Name			
MIAMI FL 33177    83   84   City   FL   85   Zip Code				2	2 Street Add	Irrass (P.O. Box Number is Not Acceptable)		
STITLE   DELETE   11 TRILE   DELETE   11 TRILE   DELETE   21 TRILE   DELETE   21 TRILE   DELETE   31 STREET ADDRESS   31 STREET ADDRES					2 Street Aut	cress (F.O. Dox Number is Not Acceptable)		
11. Pursuant to the provisions of Socions 607 05.02 and 607 15.08, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered dispatch to the purpose of change authorized by the corporation's board of directors. I hereby accept the appointment as registered dispatch to the purpose of change authorized by the corporation's board of directors. I hereby accept the appointment as registered dispatch to the purpose of change and the previous of the purpose of change authorized by the corporation's board of directors. I hereby accept the appointment as registered dispatch to the purpose of change authorized by the corporation's board of directors. I hereby accept the appointment as registered addition.  12.	min	ntil 1 & 99 17 1		8	3		<del>, , , , , , , , , , , , , , , , , , , </del>	
11. Pursuant to the provisions of Socions 607 05.02 and 607 15.08, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered dispatch to the purpose of change authorized by the corporation's board of directors. I hereby accept the appointment as registered dispatch to the purpose of change authorized by the corporation's board of directors. I hereby accept the appointment as registered dispatch to the purpose of change and the previous of the purpose of change authorized by the corporation's board of directors. I hereby accept the appointment as registered dispatch to the purpose of change authorized by the corporation's board of directors. I hereby accept the appointment as registered addition.  12.				-	A City		os   7:	Code
office or registered agont, 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 Statutor.  SIGNATURE  Signature, upon or printed turne of registered register and the Fig. (MOTE Registered Agent signature required when revenuing)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 THE  1.2 NAME  1.2 NAME  1.2 NAME  1.3 SIRECT ADDRESS  CITY-ST-2P  MIAMI FL 33177  1.4 CITY-ST-2P  DELETE  2.1 THE  2.2 NAME  2.3 SIRECT ADDRESS  CITY-ST-2P  DELETE  3.3 SIRECT ADDRESS  CITY-ST-2P  DELETE  3.4 CITY-ST-2P  DELETE  4.1 THE  Addition  NAME  3.3 SIRECT ADDRESS  CITY-ST-2P  1.4 DELETE  3.5 NAME  4.2 NAME  4.3 SIRECT ADDRESS  CITY-ST-2P  CITY-ST-2P  DELETE  3.5 THE  Change  Addition  Addition  NAME  5.5 NAME  5.5 NAME  5.5 NAME  5.5 NAME  5.5 SIRECT ADDRESS  CITY-ST-2P  Change  Addition  Addition  NAME  5.6 CITY-ST-2P  Change  Addition  Addition  NAME  5.7 NAME  5.8 SIRECT ADDRESS  5.4 CITY-ST-2P  Change  Addition  Addition  NAME  5.8 NAME  5.9 NAME				6	4 City	FL	_ <b>85</b> Zip	Code
Addition  BIGNATURE  SIGNATURE  SINCATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  S	11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the abo	ve-named co	rporation submits this statement for the purpose o	f changing i	its registered
Signature, typed or purted large for differ it applications (ICIDE Registered Agent signature required sheet retexation)   DATE	office or re	e <b>giste</b> red agent, or both, in the State : n f <b>am</b> iliar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, Fl	authorized l lorida Statut	by the corpora es.	ation's board of directors. I hereby accept the app	ointment as	; registered
Signature, typed or purted large for differ it applications (ICIDE Registered Agent signature required sheet retexation)   DATE	CIGNATURE							
TITLE NAME VELAZOUEZ, LEONARDO II STREET ADORESS 18084 SW 138 PL. HAMI FL 33177  DELETE  DELETE  21 TITLE  NAME 22 NAME 22 NAME 22 NAME 23 STREET ADORESS CITY-ST-ZIP TITLE  DELETE  DELETE  31 TITLE  DELETE  31 TITLE  DELETE  41 TITLE  DELETE  41 TITLE  DELETE  41 TITLE  DELETE  51 TITLE  DELETE  41 TITLE  DELETE  51 TITLE  DELETE  DELETE  51 TITLE  DELETE  51 TITLE  DELETE  51 TITLE  DELETE  DELETE  51 TITLE  DELETE  51 TITLE  DELETE  51 TITLE  DELETE  51 TITLE  DELETE  DELETE  D	SIGNATIONE				gent signature req			
NAME   STREET ADDRESS   16084 SW 138 PL.   1.3 STREET ADDRESS   1.6 CITY-ST-2P						ADDITIONS/CHANGES TO OFFICERS AND		
13 STREET ADDRESS		_	☐ DELETE		1		Change	Addition
DELETE	NAME	·		1.2 NAM				
DELETE   DELETE   21 TITLE	STREET ADDRESS			1.3 STR€	ET ADDRESS			
NAME   22 NAME   23 STREET ADDRESS   23 STREET ADDRESS   24 CITY - S1 - ZIP		MIAMI FL 33177					T-1-2,	1 4 1 (%)
STREET ADDRESS   23 STREET ADDRESS   24 CITY-S1-ZIP	TITLE		☐ DELETE	2.1 TITLE			L Change	☐ Addition
DELETE   D	NAME							
DELETE	STREET ADDRESS			2.3 STRE	ET ADDRESS			
NAME							<del></del>	Tales:
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE	∐ Di					i Change	☐ Addition
STREET ADDRESS   STRE	NAME			3.2 NAM				
TITLE  NAME  4.1 TITLE  4.1 TITLE  4.2 NAME  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  Change  Addition  Addition  Formula in the property of the	STREET ADDRESS			3.3 STRE	ET ADDRESS			
A 2 NAME						No. 1990	T 6:	
STREET ADDRESS CITY-ST-ZIP  4.4 CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS CITY-ST-ZIP  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  DELETE  6.1 TITLE  MAME  STREET ADDRESS  6.3 STREET ADDRESS  6.3 STREET ADDRESS  GITY-ST-ZIP  TOTALE  GENAME  6.3 STREET ADDRESS  GITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 STREET ADDRESS  GITY-ST-ZIP  6.5 CITY-ST-ZIP	TITLE		L_J DELETE		1		L Change	☐ Addition
A 4 CITY-ST-ZIP	NAME				1			
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.3 STREET ADDRESS         CITY-ST-ZIP         CHY-ST-ZIP         Change         Addition           NAME         6.1 TITLE         Change         Addition           NAME         6.2 NAME         CHY-ST-ZIP         CHY-ST-ZIP	STREET ADDRESS			4.3 STRE	ET ADDRESS			
	CITY-ST-ZIP		The second				T e:	1 4 4 110
5.3 STREET ADDRESS   5.4 CITY-S1-ZIP   5.4 CITY-S1-ZIP	TITLE		☐ DELETE	1			L Change	L Addition
	NAME			5.2 NAM				
TITLE DELETE 6.1 TITLE Change Addition  NAME  STREET ADDRESS  G1TY-S1-ZIP  6.4 CITY-S1-ZIP	STREET ADDRESS			5.3 STRE	ET ADDRESS			
NAME  STREET ADDRESS  G1TY-ST-ZIP  62 NAME  63 STREET ADDRESS  64 CITY-ST-ZIP			T herese					# JJ J11::
STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY - ST - ZIP	TITLE		☐ DELETE		1		∟ Change	Addition
CITY-ST-ZIP 64 CITY-ST-ZIP	NAME							
14. Thereby 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 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 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 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 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 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 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 supplied with this filing does not provide a supplied with the supplied with this filing does not provide a supplied with this filing does not provide a supplied with this filing does not provide a supplied with the supplied with the supplied with the information supplied with the supplied with	STREET ADORESS			6.3 STRE	ET ADDRESS			
14. Thereby certify that the information supplied with this plint does not quely for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied ental annual report of the composition of the receiver of the composition of the receiver of the composition of the receiver of the composition of the composition of the receiver of the composition of the composition of the receiver of the receiver of the composition of the receiver of the composition of the receiver of the receiver of the receiver of the composition of the receiver of the rece	CITY-ST-ZIP			6.4 CITY	ST-ZIP	0 440 09/00/0		
officer or director of the corporation of the receiver or trusted expressed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in	14. I hereby c	ertify that the information supplied wi on this annual report or supplementa	th this filing does not quelly f I annual report is true and acc	or the exem curate and t	ption stated i hat my signat	in Section 119.07(3)(i), Florida Statules. I further co ture shall have the same legal effect as if made ur	ertify that the nder oath; th	∃ information lat I am an
	officer or o	director of the corporation of the rece	iver or trusted epipowered to	execute thi	s report as re	quired by Chapter 607, Florida Statutes, and that	my name ar	pears in