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

**FILED** Apr 30 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P96000060678 (5) DOCUMENT # SANZ CONSTRUCTION, INC. Principal Place of Business Mailing Address 14952 SW 192ND AVE. 14950 SW 192 AVE MIAMI FL 33196 MIAMI FL 33196 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0701866 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 \_\_\_\_ Yes 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SANZ. ORLANDO 14952 SW 192ND AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33196** 83 84 City 85 Zip Code 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 (NOTE Registered Agent signalure required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME SANZ, ORLANDO 1.2 NAME 14952 SW 192ND AVE. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33196** CITY - ST - ZIP 14 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-St-Zip Addition DELETE THUE 5.1.1(T) F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Addition 6 1 TITLE TITLE

NAME

STREET ADDRESS

CITY-S1-ZIP

6.2 NAME

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the discover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in