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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600063839 (0)

PRIORITY CONSTRUCTION MANAGEMENT, INC.

FILED Feb 21 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						e swelfenger eine seine deler Muste muste muste muste üblige biste sanne eine ente inte 1800.				
9041 SW 60 TER Miami Fl 33173		9041 SW 60 TER Miami Fl 33173-1613								
						3. Date Incorporated or Qualified 07/29/1996	3a, Da	ate of Last	Report	
	lace of Business	2a. Mailing Address				4. FEI Number 65 - 06970	46		Applied For lot Applicable	1
Suite, Apt.	#, etc.	26				5. Certificate of Status Desired S8.75 Addit Fee Regular				
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zıp 24	Country 25	Zip 29 3	Cour 30	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\begin{array}{c}\) Yes \(\begin{array}{c}\) No				
	g. Name and Address of Currer	it Registered Agent				10. Name and Address of New Re	gistered .	Agent		
ARM	IAS, OMAR D		- 1	B1	Name					
904	1 SW 60 TER MI FL 33173		-	82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
MICA	MITE GOTTO		Ţ	83						1
			-	64	City	······································	FL	85 Zip	Code	1
11. Pursuant office or reagent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	2 and 607.1508, Florida Statutes of Florida. Such change was au alions of, Section 607.0505, Flor	s, the ab uthorized ida Statu	ove- l by tos.	named corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of t the app	changing ointment a	its registered s registered	
SIGNATORE	Stignature, typud or printed name of registered agr	eldeo:lqqs i ultit bre tre	Registered	Agen	t signature require	ed when reinstating)	DATE			_
12.	OFFICERS AN	ID DIRECTORS 18.				ADDITIONS/CHANGES TO OFFIC	ERS AND			90/0
TITLE	P ADMIN OMAD	DELETE	1.1 TIT					Change	Addition	
NAME	DE ARMAS, OMAR	•	1,2 NA							En24
STREET ADDRESS	9041 SW 60 TER MIAMI FL 33173		1.3 STF 1.4 CIT		ODRESS					D D
CITY+ST+ZIP TITLE	VS	DELETE	2.1 1/1		- <u>Zir</u>			Change	Addition	ե
NAME	PEREZ, OSVALDO J		•	2.2 NAME						1
STREET ADDRESS	8330 NW 188 ST				NDDRESS :					
CITY-ST-ZIP	MIAMI FL 33015			2. 4 CITY-ST: ZIP			1			
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	3.1 T(T	*******	17411	· · · · · · · · · · · · · · · · · · ·		Change	Addition	1
NAME			3.2 NA		1			•		
STREET ADORESS			3.3 STREE		ADDRESS					
CITY-ST-ZIF			3.4. CITY -							
TITLE		DELETE	4.1 TIT				······································	Change	Addition	1
NAME			4. 2 N	ME				-		
STREET ADDRESS			4.3 STREE		ADDRESS					
CITY-ST-ZIP			4.4 CITY-1		1					
TITLE		DELETE	5.1 TIT					Change	Addition	1
NAME			5.2 NA	ME				ŕ		
STREET ADDRESS			5.3 STREET		ADORESS					
CITY - S1 - ZIP			5.4 City - 5							
TITLE		DELETE	6.1 TIT					☐ Change	Addition	1
NAME		_ -	62 NA					•		1
STREET ADDRESS					NDORESS					
CITY-ST-ZIP			6.4 CIT		l l	•				
	L						*******			

14. I do hereby certify that the information supplied with the 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 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 oh an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dellemas Desinent 2/18/97 (30x) 279 002