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

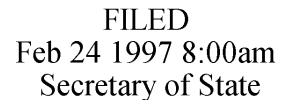
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UNIQUE CONSTRUCTION OF MIAMI, INC.

Principal Place of Business
8881-B FONT BLVD. #103

Mailing Address

6881-B FONT BLVD. #103





2. Principal Pia 21 Suite, Apt. #	ine of Business					6 6 4 1	I de Data	of Last R			
21	ice of Business					3. Date Incorporated or Qualified 08/15/1996	Ja. Date	OI Last III	əport		
Suite, Apt. #		2a. Mailing Address 26				4. FEI Number 65-068656	Applied For Not Applicable				
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & State	Walter Control of the	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
Zip	Country	Zip	Country			1 ' -	iii. This corporation has liability for intangible tax under s. 199.032 Florida Statutes				
24	25] 9. Name and Address of Currer	29 at Registered Agent	30			10. Name and Address of New Re					
0.40			***************************************	81	Name						
	eres, jose -8 font blvd. #103					700 B 41 4					
	18 FL 33172			82	Street A	ddress (P.O. Box Number is Not Acceptate	oie)				
				83							
				84	City		FL	85 Zip (Code		
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the	above above	e-named c	orporation submits this statement for the poration's board of directors. I bereby acces	ourpose of c	hanging it	s registered		
agent. Lan	n familiar with, and accept the oblig	ations of, Section 607.0505, Ft	orida S	tatutes	S.	oration's board of directors. I hereby accept	ar are appear				
SIGNATURE	algrature, typed or purbla name of registered no	ont and title 4 applicable. (NO	TE Registe	red Age	ent signature re	equired when reinstating)	DATE				
12.	OFFICERS AN	D DIRECTORS				ADDITIONS/CHANGES TO OFFIC					
TilleF	D	☐ DELETE		TITLE	1		L.	Change			
NAME	CACERES, JOSE			NAME	1						
STREET ADDRESS	8881-B FONT BLVD. #103		1.3 \$		ADDRESS						
CITY-ST-ZIF	MIAMI FL 33172			1.4 CITY - ST - ZIP		***************************************		Change	Addition		
THILE		[] DELCTE		TITLE				T cuande	Addition		
NAME				2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRESS						:					
CHY-S1-ZIF THLE				4 CITY-	51-21			Change	Addition		
NAVI				NAME	- [_				
STREET ADDRESS					ADDRESS						
COTY - ST - ZIP				I. CITY-	1						
THIE				TITLE			L	Change	Addition		
NAME:			4.	2 NAME							
STREET ADDRESS			4.	STREET	ADDRESS						
City-ST-ZiP			4.4	CITY-S	ST - ZIP						
THILE		DELETE	5.	TITLE				Change	Addition		
NAME			5.	NAME							
STREET ADORESS			5.	STREET	ADDRESS						
C(1Y+S1-ZIP				CITY-	ST-ZIP		·/				
101.1	☐ DELETE E			TITLE]		į	Change	Addition		
NAME .			6.	2 NAME							
STREET ADDRESS			6.3	3 STREET	1 ADDRESS						
CHY-ST-20F	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4 CITY - S		ated in Section 119.07(3)(i), Florida Statute					

information indicated on this annual report or suppliementa a nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the corporation or the receiver preside 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 on an attackment with an address.

SIGNATURE

ME OF BIGNING OFFICER OR DIRECTORDE SIGNING

2/17/97

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