


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

Pg 10/2

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS
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97 AUG 20 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PA16000009713*
1. Corporation Name *Avi Dade Construction*

Principal Place of Business *2495 W. 80th Bay 5*
Hialeah FL 33016

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <i>P.O. Box 173856</i>
22 City & State	27 <i>MIAMI Florida</i>
23 Zip	28 <i>33017</i>
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number	Applied For
<i>65-0496839</i>	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	<i>Rebecca Augusta</i>
82 Street Address (P.O. Box Number is Not Acceptable)	<i>2495 W. 80 ST.</i>
83	<i>Bay 5</i>
84 City	<i>Hialeah</i>
85 Zip Code	<i>33016</i>

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]* (NOTE: Registered Agent signature required when reinstating) DATE *6-28-97*

12. OFFICERS AND DIRECTORS

TITLE	<i>Same before</i>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Rebecca Augusta</i>	<input type="checkbox"/> DELETE
NAME	<i>2155 W. Augusta Dr.</i>	
STREET ADDRESS	<i>Miami, FL 33015</i>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>500002272895</i>
23 STREET ADDRESS	<i>-08/20/97-01119-012</i>
24 CITY-ST-ZIP	<i>****165.00 ****165.00</i>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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, changed, or in an attachment with an address.

SIGNATURE: *[Signature]* *Rebecca Augusta* *6-28-97* *829-3891*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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ALL DADE CONSTRUCTION, INC.

FLORIDA DEPARTMENT OF STATE
P.O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN:

RE: P96000069713
T.P. 65-0696839

WE MISPLACED OUR FORMS FOR ALL DADE CONSTRUCTION TO PAY THE
ANNUAL FEE CORPORATION. WE ARE SENDING THE PAYMENT OF \$165.00
ALL INFORMATION REMAIN THE SAME. THANK YOU.

SINCERELY YOUR,



REBECCA ACOSTA,
PRESIDENT



DOC# P96000069713

2495 W. 80TH STREET DAY 8
WIALEAH FL. 33016