

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

Pg 10/2

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

97 AUG 20 AM 11:16

DOCUMENT # *PA16 000009713*
 1. Corporation Name *All Dade Construction*

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2495 W. 80th Bay 5
Hialeah Fl. 33016

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
 81 Name *Rebecca Augusta*
 82 Street Address (P.O. Box Number is Not Acceptable) *2495 W. 80 ST.*
 83 *Bay 5*
 84 City *Hialeah* FL 85 Zip Code *33016*

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 if 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 Daytime Phone #

CR2E034 (9/96)

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ALL DADE CONSTRUCTION, INC.

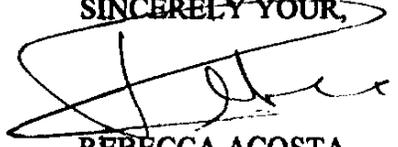
FLORIDA DEPARTMENT OF STATE
P.O. BOX 6327
TALLAHASSEE, FL. 32314

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
WIALEAK FL. 33016