

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000078062 (2)

1. Corporation Name
~~W.A.B. PHILLIPS ADLER CONSTRUCTION, INC.~~
Phillips Adler Construction, Inc. No 1-13-98



Principal Place of Business Mailing Address
 1400 N.W. 107TH AVENUE MIAMI FL 33172
 1400 N.W. 107TH AVENUE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/19/1996	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				65-0701128	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI FL 33172				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL		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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/C/EV/ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, MICHAEL M	1.2 NAME	
STREET ADDRESS	1400 N.W. 107TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/P/L/EO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, JAMES	2.2 NAME	800002520418
STREET ADDRESS	1400 N.W. 107TH AVENUE	2.3 STREET ADDRESS	-05/12/98--01055--028
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Levy, Joel
STREET ADDRESS		3.3 STREET ADDRESS	1400 N.W. 107th Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Arrizurieta, Luis
STREET ADDRESS		4.3 STREET ADDRESS	1400 N.W. 107th Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami FL 33172
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Knorr, Stephen M.
STREET ADDRESS		5.3 STREET ADDRESS	1400 N.W. 107th Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Loredo, Nostor
STREET ADDRESS		6.3 STREET ADDRESS	1400 N.W. 107th Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami FL 33172

14. I 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 on an attachment with an address.

SIGNATURE: *[Signature]* Luis Arrizurieta 4/30/98 (305) 392-4061

CR2E034 (10/97)