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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000013158 (5)

UTOPIA CONSTRUCTION GROUP, INC.

Principal Place of Business

Mailing Address

## FILED May 14 1998 8:00am Secretary of State



12243 SW 129 CT MIAMI FL 33186		12243 SW 129 CT MIAMI FL 33186			DO NOT WRITE IN THIS SPACE			
					<ol> <li>Date Incorporated or Qualified</li> <li>02/11/1997</li> </ol>			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	4. FEI Number Applied For		
21	SAMU	26 SAME	26 SAME		65-0734587	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27	-		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country		Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
PAI	ORON, WILFREDO R	······	81	Name	D. Own off			
	43 SW 129 CT		. 82 Street Ad		Chress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33186		·		JUBBU A	Additional Is to the Member 19			
			83				:	
			84	City	FL	<b>85</b> Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.0502, Florida Statules, 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, spirid or printed name of regulared agent and local applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	<del></del>	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12	
TITLE	DPS	DELETE	11 TITLE			Change	Addition	
NAME	PADRON, WILFREDO R		12 NAME					
STREET ADDRESS	10050 E CALUSA CLUB	DR	1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186		1.4 CiTY-S	1 - 7IP				
TITLE	DVT	DELETE	2 1 TITLE			Change	Addition	
NAME	<b>De</b> sosa, Juan e		2.2 NAME					
STREET ADDRESS	21405 SW 94 PL		2 3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33189		2. 4 CITY-	S1 - ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	•		3.2 NAME					
STREET ADDRESS			3.3 STREE1	ADDRESS				
CITY-ST-ZIP			3.4. CITY- 3	ST - 7IP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP		0.000	4.4 CITY-S	I - ZIP				
TITLE		☐ DELE1€	5.1 TITLE			L Change	Addition	
NAME			5.2 NAME	j				
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP		Deverte	5.4 CITY - S	T · ZIP			4 4 100	
TITLE		( DELETE	6.1 TITLE			L Change	☐ Addition	
NAME AVARET A PRODUCCO			6.2 NAME	Incor				
STREET ADDRESS			6.3 STREET					
14. I bereby c	ertify that the inferentian dural	nd with his filing a cor but qualify	by the exemp		in Section 119 07/3/() Elected Statutes 14 other as	difu that the	information	
14. Thereby certify that the information supplied with this filing does not qualify for the elemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual reporters supplemental injust report is true and adjurate any that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation in the received or trusted 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, such an attachment with an address.								