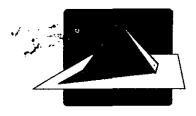
2000	ONIFORM BOSI	NESS HEFU	nı	(OBN)				
DOCUMENT # P9900007012						me box 2	,	
IMPERIAL CONSTRUCTION GROUP, CORP.						FILED		
					_ \ \	00 JUL 17 PM 3: 17		
Principal Place		Mailing Address				CONTRACTOR OF STATE		
781 N.E. 4TH PLACE HIALEAH FL 33040		781 N.E. 4TH PLACE HIALEAH FL 33040			SECRETARY OF STATE TALLAHASSEE, FLORIDA	\		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THI			
City & State		City & State		4. FE	El Number 85-0888875	⊢	oplied For ot Applicable	
Zip	Country	Zip	Coun	try	5. C	ertificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current R	egistered Agent		Name	7. N	ame and Address of New Registered	d Agent	
MEDINA, ERICK				Street Address (P.O. Box Number is Not Acceptable)				
	N.E. 4TH PLACE EAH FL 33040						<u> </u>	-
				City		F	L Zip Cod	e '
8. The above	named entity submits this statement for t	the purpose of changing its	registere	ed office or registe	ered age			
SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable. (NOTI	E: Registere	d Agent signature require	ed when reir	nstating) DATE		
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)	FILE NOW! After SEPTEMBER 1 Make Check Payab	3, 2000	Min. will be \$75		 Election Campaign Financing Trust Fund Contribution. 		00 May Be d to Fees
11.	OFFICERS AND D		12.		ADE	DITIONS/CHANGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MEDINA, ERICK 781 NE 4TH PLACE HIALEAH FL 33010	☐ Delete	•				☐ Change	☐ Addition ·
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS				ET ADDRESS		_700003343; 	to12- <u>-</u> 00	-9 13
CITY-ST-ZIP-		☐ Delete	CITY	-ST+ZIP •	11000-400	****150.00	****150 ☐ Change	Addition
NAME	•	_ Delete	NAM	E				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				
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STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP TITLE		Delete	TITLE	-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	E ET ADDRESS				,
CITY-ST-ZIP				-ST-ZIP				
TITLE NAME		☐ Delete	TITLI NAM	ſ			Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			SP/	W
13 Lhereby c	ertify that the information supplied with t	his filing does not qualify fo	r the eye	motion stated in S	Section 1	19.07(3)(i), Florida Statutes. I further of	ertify that the i	nformation
	on this report or supplemental report is to poration or the receiver or trustee errifor or on an attachment with an address with a contract of the contract of	rue and accurate and that report for execute this report in all other like empowered	my signa : as requi	ture shall have the red by Chapter 60	e same le 07, Florid	egal affect as if made under oath; that la Statutes; and that my name appears	i am an omcer s in Block 11 o	or director r Block 12 if
SIGNAT	URE: SIGNATURE AND TYPED OR BRI	HIT TO WARE OF COUNTY OF CHEER	OR DIRECT	гоя		Date	Daytime Phone #	



781 NE 4th Place Hialeah, FL 33010 Phone: (305) 401-2790 Besper:(305) 833-6487

Fax: (305) 885-3160

Florida Dept. Of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

July 10, 2000

To Whom It may Concern,

Please find attached the 2000 Uniform Business Report. Please note the reporting form was received on July 7, 2000 several months past the original due date, therefore we have included the fee for the original due date.

Should you have any questions, please feel free to contact me.

Sincerely

Erlek Medina President