

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

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**Jul 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT #** S-02223  
1. Corporation Name  
**SPUTHERN FLORIDA BUILDERS CORPORATION**

Principal Place of Business: **500 East 23rd Street**  
Mailing Address: **P O Box 3583**

2. Principal Place of Business: **500 E 23rd Street**  
2a. Mailing Address: **P O Box 3583**  
21. Suite, Apt #, etc.  
22. City & State: **Hialeah Florida**  
23. Zip: **33013**  
24. Country: **Dade**  
25. Date: **07/10/97**  
26. Suite, Apt #, etc.  
27. City & State: **Hialeah, Florida**  
28. Zip: **33013**  
29. Country: **Dade**  
30. Date: **07/10/97**

3. Date Incorporated or Qualified: **9-24-90**  
3a. Date of Last Report: **4-16-96**  
4. FEI Number: **65-0221428**  
4-16-96 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**  
**Gaston Pando**  
**300 E 23rd Street**  
**Hialeah, FL 33013**

**10. Name and Address of New Registered Agent**  
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 607.1108, 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: *Gaston Pando* DATE: **07/10/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	<b>John Pando</b>
STREET ADDRESS	<b>500 E 23 St. Hialeah, FL 33013</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Gaston Pando</b>
STREET ADDRESS	<b>500E 23 St. Hialeah, FL 3e013</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Gaston Rene Pando</b>
STREET ADDRESS	<b>1823 SE 19 Lane.</b>
CITY-ST-ZIP	<b>Cape Coral, Florida</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Haydee Ortiz</b>
STREET ADDRESS	<b>260 Cherokee St</b>
CITY-ST-ZIP	<b>Miami Springs, Florida</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D-P</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>D-S</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>D-T</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>600002238946</b>
6.3 STREET ADDRESS	<b>-07716797--01004--005</b>
6.4 CITY-ST-ZIP	<b>***550.00</b>

**cc 7/15**

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 on an attachment with an address.  
SIGNATURE: *Gaston Pando* DATE: **06/10/97** DAYTIME PHONE: **(305) 691-3029**  
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)