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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

•	1997		DIVISION OF	CORPORATIONS	500100	ary or state
	MENT # S4 PUCT WORK, INC.	1642	(7)			
Principal Place	of Queinnee	Mailie	on Address		(
14321 SW 49TH STREET 1432			lailing Address 1321 SW 49TH STREET IAMI FL 33175-5041			
					3. Date Incorporated or Qualified 03/28/1991	3a. Date of Last Report 04/26/1996
2. Principal Pl 21	ace of Business	2a. M	ailing Address		4. FEI Number 65-0253064	Applied For Not Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State		[27]	ity & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28	,		Trust Fund Contribution	Added to Fees
Zip	Country	·····)	ip .	Country	8. This corporation has liability for	
24	25 9. Name and Addres	29 ss of Current Register	ed Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No
DIA	Z, JOSE R			81 Name		
	21 SW 49TH STREET			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
MIAI	MI FL 33175					
				83		
				84 City		FL 85 Zip Code
11. Pursuant l	to the provisions of Secti	ons 607.0502 and 607.	1508, Florida Statu	ites, the above-named cor	poration submits this statement for the	number of changing its registered
office or re agent. I a	egistered agent, or both, m familiar with, and acc∈	, in the State of Florida opt the obligations of, S	Such change was lection 607.0505, F	authorized by the corpora lorida Statutes.	ation's board of directors. I hereby acce	ept the appointment as registered
SIGNATURE						
12.	Signature Typed Or per but name OF	TICERS AND DIRECTO		TE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
1iftE	P		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, JOSE R			1.2 NAME		
STREET ADDRESS	14321 SW 49TH ST	HEEL		1.3 STREET ADDRESS		
CITY-SI-7IP	MIAMI FL 33175		DELETE	1.4 CITY-ST-ZIP		Change Addition
11TLE NAME			F DEFEIE	2.1 TITLE 2.2 NAME		C cuange C Adoliton 1
STREET ADDRESS				2.3 STREET ADDRESS		
City-St-Zif				2. 4 CITY-ST-ZIP		
TITLE			DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADORESS				3.3 STREET ADDRESS		
CITY-S1-ZIP TITLE			DELETE	3.4 CITY-ST-ZIP		Change Addition
NAME				4. 2 NAME		and the same of th
STREET ADORESS				4.3 STREET ADDRESS		
CITY+ST-ZIP				4.4 CITY - ST - ZIP		
TOTLE	1		☐ DELETE	5.1 TITLE		Change Addition
NAME OTOTET MUNICIPALITY				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
City+St-Zip Title			DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		☐ Change ☐ Addition
NAM:				62 NAME		····· •
STREET ADDRESS				63 STREET ADDRESS		
CITY-ST-ZIP				6 4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
14. I do hereb Informatio I am an o appears i	by certly that the information indicated on this annu- officer or director of the confidence of the co	ation supplied with this al report or supplement orporation or the receiver i changed for on an att	filing does not qua val annual report is ter or traslee empo uchment with an ac	true and accurate and that wered to execute this reprinted to the dress.	ed in Section 119.07(3)(I), Florida Statut at my signature shall have the same leg ort as required by Chapter 607, Florida	es. I further certify that the lal effect as if made under oath; that Statutes; and that my name