

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

FILED
Jan 22 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 # S48610 (7)
1. Corporation Name
T & F CONSTRUCTION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 462 GLENRIDGE ROAD MIAMI FL 33143		Mailing Address 462 GLENRIDGE ROAD MIAMI FL 33143	
2. Principal Place of Business 21 5020 S.W. 73 TER. Suite, Apt. #, etc. 22 miami. Florida. City & State 23 33143. Zip 24		2a. Mailing Address 26 5020 S.W. 73 TER. Suite, Apt. #, etc. 27 miami. FLA. City & State 28 33143 Zip 29	
3. Date Incorporated or Qualified 04/29/1991		4. FEI Number 65-0260595	
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent SBNOLA, JR P A 255 ALHAMBRA CR ST. 630 CORAL GABLES FL 33134	
9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	REINA, ANTONIA DESSESO	1.2 NAME	REINA, FELIPE
STREET ADDRESS	482 GLENRIDGE RD.	1.3 STREET ADDRESS	5020 S.W. 73 TER
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FLA. 33143.
TITLE	DVS	2.1 TITLE	DVP
NAME	REINA, FELIPE	2.2 NAME	REINA, FELIPE.
STREET ADDRESS	482 GLENRIDGE RD.	2.3 STREET ADDRESS	5020 S.W. 73 TER
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLA. 33143.
TITLE	T	3.1 TITLE	T.
NAME	REINA, FELIPE	3.2 NAME	REINA, FELIPE.
STREET ADDRESS	482 GLENRIDGE RD.	3.3 STREET ADDRESS	5020 S.W. 73 TER.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FLA. 33143.
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Felipe Reina
PRESIDENT.

1-6-98 (305) 223 7060.

CR2E034 (10/97)