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May 08 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 # S81790 (5)

1. Corporation Name
JAUREGUI CONSTRUCTION CORPORATION

Principal Place of Business
472 WARREN LANE
KEY BISCAYNE FL 33149

Mailing Address
472 WARREN LANE
KEY BISCAYNE FL 33149-1825



3. Date Incorporated or Qualified 09/20/1991
3a. Date of Last Report 07/01/1996

2. Principal Place of Business
21 7451 SW 68 Street
Suite, Apt. #, etc.

2a. Mailing Address
25 P.O. Box 430 336
Suite, Apt. #, etc.

4. FEI Number 65-0335144
Applied For Not Applicable

22 City & State Miami FL

27 City & State Miami FL

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 Zip 33143 Country USA

28 Zip 33243 Country USA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Signature of Registered Agent MAURITS DE BLANK UP

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAUREGUI, ISIDRO
472 WARREN LANE
KEY BISCAYNE FL 33149

81 Name MAURITS DE BLANK
82 Street Address (P.O. Box Number is Not Acceptable) 7451 S.W. 68 STREET
83
84 City MIAMI FL 85 Zip Code 33143

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 MAURITS DE BLANK UP MAR 27-97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JAUREGUI, ISIDRO	
STREET ADDRESS	472 WARREN LANE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	DE BLANK, MAURITS	
STREET ADDRESS	7451 S. W. 68TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE BLANK, MAURITS	
STREET ADDRESS	7451 S.W. 68TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JAUREGUI, ANA MARIA	
STREET ADDRESS	472 WARREN LANE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DE BLANK, TERESITA	
STREET ADDRESS	7451 S.W. 68TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DPST
3.3 STREET ADDRESS	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 it were signed by me. 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: MAURITS DE BLANK Pres/Director 3/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)