PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:47

DOCUMENT # V16476 (6)

1. Corporation Name

SEDANO CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
13845 LAKE SUCCESS PLACE MIAMI LAKES FL	13845 LAKE SUCCESS PLACE MIAMI LAKES FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 02/24/1992	3a. Date of Last Report: 04/28/1994
21	26	4. FEI Number: 65-0317372	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. [illegible] ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. The corporation has subsidiaries for stockholder 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
LOPEZ, PETER 28 WEST FLAGLER STREET SUITE 202 MIAMI FL 33130	61 Name 62 [illegible] (P.O. Box Number is Not Acceptable) 63 64 City FL 65 Zip Code

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. [illegible]	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	SEDANO, ERNESTO A.	12 NAME	
STREET ADDRESS	13845 LAKE SUCCESS PLACE	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI LAKES FL	14 CITY, ST, ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	SEDANO, MARIS E.	22 NAME	
STREET ADDRESS	13845 LAKE SUCCESS PLACE	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI LAKES FL	24 CITY, ST, ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	ALVAREZ, MIGUEL A	32 NAME	
STREET ADDRESS	6190 WEST 14 COURT	33 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 hereof/or on an attachment with an address.

SIGNATURE: Ernesto Sedano 6/26/95 (305) 558-0013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019079 CF