

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V26031** (7)
1. Corporation Name
EMPIRE CONSTRUCTION AND DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
4051 E. 8TH AVE. SUITE 219 HIALEAH FL 33013 US **P. O. BOX 660429 SUITE 219 MIAMI SPGS. FL 33266 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/15/1992** 3a. Date of Last Report **02/21/1994**
4. FEI Number **59-3120388** Applied 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

2. Principal Place of Business 2a. Mailing Address
21 **6000 NW 153 ST** 26 **PO Box 660429**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Miami FL** 27 **Miami Spgs FL**
City & State City & State
24 **33014** 25 **US** 29 **33266** 30 **US**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
MARRERO, EMILIO
1364 E. VINE ST.
SUITE 219
KISSIMMEE FL 34744

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARRERO, EMILIO
STREET ADDRESS	54 E. 41ST ST.
CITY - ST - ZIP	HIALEAH FL
TITLE	V
NAME	MARRERO, VIRGINIA L.
STREET ADDRESS	54 E. 41ST ST.
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARRERO, EMILIO
1.3 STREET ADDRESS	54 E 41 ST
1.4 CITY - ST - ZIP	HIALEAH FL 33013
2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARRERO, VIRGINIA L
2.3 STREET ADDRESS	54 E 41 ST
2.4 CITY - ST - ZIP	HIALEAH FL 33013
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Virginia L. Marrero **VIRGINIA L. MARRERO 21095** **305-693-6326**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)