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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V29235

(1)

LIBA CONSTRUCTION INC.

	ONSTRUCTION INC.					
Principal Plac	e of Business	Mailing Address	Mailing Address		i india alibia ilbia abila liban ilibi bili	ALANK GIRIT RIBIT BYBYL BYBYK BYDYL 1881
P O BOX 1475 PORT SALERNO FL 34992 US		P O BOX 1475 PORT SALERNO FL 34992-1475 US				
					 Date Incorporated or Qualified 04/17/1992 	3a. Date of Last Report 06/11/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3097216	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		27			Fee Required	
₁		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28 Zip	Coun	try	Trust Fund Contribution	Added to Fees
24	25	29	30	·· <i>y</i>	8. This corporation has liability for i	ntangible tax under s. 199,032,] Yes : \Big No
	9. Name and Address of Curre				10. Name and Address of New Reg	
LIRA	HENRY		8	Name		
ADAR CONTURARY MODITON AVENUE				Street Add	ress (P.O. Box Number is Not Acceptab	lo
	RT SALERNO FL 34992		ľ	Juleet Add	ress (F.O. OOX Number is Not Accepted	le)
			8	33		
			5	14 City		85 Zip Code
				,		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the abo	ove-named corp	poration submits this statement for the p tion's board of directors. I hereby ac ce p	urpose of changing its registered
agent. La	m familiar with, and accept the obl-	gations of, Section 607.0505. I	s authorized Florida Statu	by the corpora les.	tion's doard of directors. Fnereby accep	it the appointment as registered
SIGNATURE						į.
	Signature Typen or preced name of registered a			Agent's grature requi	red when reinstating)	DAYE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
THE	D Lira, Henry	☐ DELETE	1.1 TITL			L.] Change L.] Addition
NAME OTHER LABORAGE	4946 S.E. HORIZON AVE.		1.2 NAM			
STREET ADDRESS	PORT SALERNO FL			£1 ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	2.1 TOTAL	- ST- ZIP		Change Addition
NAME	LIRA, JOYCE C.	,	2.7 TOL			Change Addition
STREET ADDRESS	4946 S.E. HORIZON AVE.			ET ADDRESS		
CITY - ST - ZIP	PORT SALERNO FL			(-ST-ZIP		
TITLE		DELETE	2.4 CH1			Change Addition
NAME			3.2 NAM	i		
STREET ADDRESS				FF ADDRESS		
CI1Y-ST-ZIP				r-ST-ZIP		
1111.6		DELETE	4 1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAN	1E		
STHEET ADDRESS			4.3 STRE	ET ADDRESS		
CHTY+ST-ZIP			4.4 CITY	- ST - 7IP		
TITLE		☐ DELETE	5.1 TITL8			☐ Change ☐ Addition
NAME			5.2 NAM	F		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-7IP			5.4 CITY	- ST- ZIP		
TIT; E		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAMI	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP	٨		64 CITY	. ST - 712		

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 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.