## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE \$/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

## Jul 25 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # V60944 CONSOLIDATED BUILDERS ENTERPRISES, INC. Principal Place of Business Mailing Address 8339 N.W. 64TH ST. 8339 N.W. 64TH ST. UNIT 4 UNIT 4 DO NOT WRITE IN THIS SPACE MIAMI FL 33166 MIAMI FL 33166 3a. Date of I 3. Date Incorporated or Qualified 09/01/1992 2. Principal Place of Business 2a. Mailing Address 65-0353669 21 26 Suite, Apl #, etc. Suite, Apt. #, etc. \$8.7 5. Certificate of Status Desired 22 27 Fee . City & State City & State \$5.00 May 6. Election Campaign Financing $\Box$ 28 Trust Fund Contribution Added to Fees Zip Zip Country This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PENA, JOSE 13441 SW 74TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33183** 83 City Zip Code 85 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 familia, with, and piccept the obligations of Section 607.0505. Florida Statutes Jose E RENAM SIGNATURE. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Addition TITLE LI TITLI Change PENA, JOSE E NAME 1.2 NAME 13441 S.W. 74TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Are 1 DELETE Change TITLE 2.1 TITLE PENA, LOURDES T NAME 2.2 NAME 13441 S.W. 74TH ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-\$T-ZIP DELETE Addition 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TOTLE ☐ Change \_\_\_ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 eath, that I am an officer or director of the object and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the object and that my name appears in Block 12 or Block 13 or Blo 6.4 CITY-ST-ZIP City-ST-ZIP

**FILED** 

1-17-97 205-593-0749