

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V64602** (8)

1. Corporation Name

DOWCORP CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

**782 N. LEJEUNE RD., #532
MIAMI FL 33126**

**782 N. LEJEUNE RD., #532
MIAMI FL 33126**

3. Date Incorporated or Qualified

09/16/1992

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE LEON, CECILIA
782 N. LEJEUNE ROAD, SUITE 532
MIAMI FL 33126**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☒ DELETE

NAME **DE LEON, ROBERTO**
STREET ADDRESS **782 N. LEJEUNE ROAD #532**
CITY - ST - ZIP **MIAMI FL 33126**

TITLE **P** ☐ DELETE

NAME **DE LEON, CECILIA**
STREET ADDRESS **782 N. LEJEUNE ROAD #532**
CITY - ST - ZIP **MIAMI FL 33126**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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5 2 NAME

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5 4 CITY - ST - ZIP

6 1 TITLE

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

☒ Change ☐ Addition

DE LEON, LILLIAM

782 N. LEJEUNE ROAD # 532

MIAMI, FL 33126

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/96

305-569-9959

CR2E034 (12/95)