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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V67925

(0)

GARCIA-SMITH CONSTRUCTION CORP.

Principal Place of Business Mailing Andress 54 S.W. 14TH ST. 54 S.W. 14TH ST.

FILED Mar 06 1997 8:00am Secretary of State



MIAMS FL 33130-4311 US		MIAMI FL 33130-4311 US					Y		
						10/01/1992 02/			ate of Last Report 105/1996
n .	flace of Business	2a. Mailing Address				4. FEI Number			Applied For
1	<u></u>	26				65-0360161			Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			**************************************	Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees		
7 _{IP}	Country 25	Ζφ 29	Count 30	ry 		I] Yes [] No	ers 199.032,
	9. Name and Address of Curr	ent Registered Agent		41		10. Name and Address of New Re	gistered	Agent	
	EVEDO, ADELENA		8	1 Nam	ne				
	S.W. 14TH ST.		8:	2 Stre	et Addres	ss (P.O. Box Number is Not Acceptab	ole)		
MIAI	MI FL 33130-4311		-						
			8	3					
			8	City	—·	TE WILL ALL STATE AND A STATE OF THE STATE O		85 2	ip Code
							FL	.	
office or r	to the provisions of Sections 607 0 egistered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. Such change was	authorized t	by the c	ed corpor corporation	ration submits this statement for the p in's board of directors. I hereby accep	ourpose of of the app	changin ointment	g its registered as registered
SIGNATURE									
	Fig. does typed or perdent name of my stered a	agent and tille tappicable (NO	TE-Registered A	gent signal	ture required	I when reinstating)	DATE		
12.	the contract of the contract o	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	
DILLE	PD	☐ DELETE	1 1 TITLE					Chan	ge 🔲 Addition
NAME	QUEVEDO, ADELENA		1.2 NAMI						
STREET ADORESS	54 S.W. 14TH ST.		13 STRE	et addres	is				
CITY SE ZP	MIAMI FL 33130-4311		1.4 City	ST-ZIP					
T-TLF		☐ DELETE	21 TITLE					☐ Chan	ge 🔲 Addition
NAME			2.2 NAM						
STREET ADORESS			2 3 STRE	et addres	s				
011y-51-7d			2 4 CiTY	-ST-ZIP					
1 11 1		☐ DELETE	31 TITLE		İ			☐ Chan	ge 🔲 Addition
NAM)			3 2 NAME		-				
STREET ADORESS			3 3 STRE	T ADDRES	s	•			
007-S1-Z0			3 4. CITY	-ST-ZIP					
TOLE		L DELETE	4 1 TITLE					Chang	ge [_] Addition
NAM't		,	4. 2 NAM	E					
STREET ATOMESS			4.3 STREE	et addres	š				
CITY - ST - ZIF			4.4 CITY	ST-ZIP					
DTLE		DELETE	5.1 THILE					Chang	ge 🔲 Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STRE	et addres	s				
CHY-ST-ZIP			5.4 CITY	ST-ZIP					
TITLE		DELETE	6.1 TITLE					Chang	ge Addition
NAMé			6.2 NAME						
STHEEL ACORESS			6.3 STRE	T ADDRES	s				
CHY - ST- ZIP			6.4 CITY	S1 - 71P					

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.