

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V68382 (3)

1. Corporation Name

DACOSTA CONSTRUCTION COMPANY

Principal Place of Business

9420 S HOLLYLAKE DR
PEMBROKE PINES FL 33025
US

Mailing Address

10610 WASHINGTON ST #207
STE 203
PEMBROKE PINES FL 33025
US



| | |
|-----------------------------------|------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 9420 S. Hollylake Lk. DR. #203 | 26 9420 S. Hollylake Lk. DR. |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 22 Pembroke Pines, FL | 27 #203 |
| 23 City & State | 28 City & State |
| 23 | 28 Pembroke Pines, FL |
| 24 Zip | 29 Zip |
| 24 33025 | 29 33025 |
| 25 Country | 30 Country |
| 25 USA | 30 USA |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 09/30/1992 | 06/27/1995 |
| 4. FEI Number | Applied For |
| 65-0361492 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| Trust Fund Contribution | <input type="checkbox"/> |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

DACOSTA, DAVID
10610 WASHINGTON ST #207
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

| | |
|---|--------------------------------|
| 81 Name | DAVID E. DACOSTA |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 9420 S. Hollylake Lk. DR. #203 |
| 83 City | PEMBROKE PINES FL |
| 84 State | FL |
| 85 Zip Code | 33025 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 David N. Costa President

2-20-96

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--------------------------------|
| TITLE | PSV | 1.1 TITLE | PSV |
| NAME | DAVID E. DACOSTA | 1.2 NAME | DAVID E. DACOSTA |
| STREET ADDRESS | 9420 S HOLLY BROOK LAKE DR STE 203 | 1.3 STREET ADDRESS | 9420 S. Hollylake Lk. DR. #203 |
| CITY-ST-ZIP | PEMBROKE PINES FL | 1.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33025 |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David N. Costa Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96

DATE

305 431 4084

DAYTIME PHONE

CR2E034 (12/95)