



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 88764		2. Name of Corporation A.M. CONSTRUCTION, INC.			
3. Street Address Principal Business Office 66 SMITH AVENUE			City SMITHFIELD	State RI	Zip 02828-
4. Business Phone No. 4019495730		5. State of Incorporation RHODE ISLAND			6. SIC Code 5710
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONSTRUCT AND RECONSTRUCT RESIDENTIAL AND COMMERCIAL BUILDINGS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSE N. ANDRADE			Vice President Name		
Street Address 66 SMITH AVENUE			Street Address		
City SMITHFIELD	State RI	Zip 02828	City	State	Zip
Secretary Name JOSE N. ANDRADE			Treasurer Name JOSE N. ANDRADE		
Street Address 66 SMITH AVENUE			Street Address 66 SMITH AVENUE		
City SMITHFIELD	State RI	Zip 02828	City SMITHFIELD	State RI	Zip 02828
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSE N. ANDRADE			Director Name		
Street Address 66 SMITH AVENUE			Street Address		
City SMITHFIELD	State RI	Zip 02828	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE		200		NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



8 8 7 6 4

*88764 DBC 02/02/05 10:08:14 **FILED**

File Date: MAR 21 2005 - 885

Check No. _____

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X [Signature] 3-9-05

Signature of Officer Date

JOSE N. ANDRADE

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88764		2. Name of Corporation A.M. CONSTRUCTION, INC.			
3. Street Address Principal Business Office 66 SMITH AVENUE			City SMITHFIELD	State RI	Zip 02828
4. Business Phone No. (401) 949-5730		5. State of Incorporation RHODE ISLAND			6. SIC Code 5710
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, RECONSTRUCTION, REPAIRS AND RENOVATIONS OF BUILDINGS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSE N. ANDRADE			Vice President Name		
Street Address 66 SMITH AVENUE			Street Address		
City SMITHFIELD	State RI	Zip 02828	City	State	Zip
Secretary Name JOSE N. ANDRADE			Treasurer Name JOSE N. ANDRADE		
Street Address 66 SMITH AVENUE			Street Address 66 SMITH AVENUE		
City SMITHFIELD	State RI	Zip 02828	City SMITHFIELD	State RI	Zip 02828
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSE N. ANDRADE			Director Name		
Street Address 66 SMITH AVENUE			Street Address		
City SMITHFIELD	State RI	Zip 02828	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	COMM NO PAR VALUE		200		NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



8 8 7 6 4

File Date 2-27-04

Check No 986

By: ICP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer JOSE N. ANDRADE Date 2-25-04

Print or Type Name of Officer PRESIDENT

Title of Officer PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88764		2. Name of Corporation A.M. Construction, INC.	
3. Street Address Principal Business Office 66 Smith Avenue		City Smithfield	State R. I.
4. Business Phone No. (401) 949-5730		5. State of Incorporation Rhode Island	
		6. SIC Code 5710	
7. Brief Description of the Character of Business Conducted in Rhode Island Construction, Reconstruction, Repairs and Renovations of Buildings			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jose N. Andrade			Vice President Name		
Street Address 66 Smithfield Avenue			Street Address		
City Smithfield	State R. I.	Zip 02828	City	State	Zip
Secretary Name Jose N. Andrade			Treasurer Name Jose N. Andrade		
Street Address 66 Smithfield Avenue			Street Address 66 Smithfield Avenue		
City Smithfield	State R. I.	Zip 02828	City Smithfield	State R. I.	Zip 02828

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jose N. Andrade			Director Name		
Street Address 66 Smithfield Avenue			Street Address		
City Smithfield	State R. I.	Zip 02828	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE		200		NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	3.3.03
Check No.	4920
By:	JP
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Jose Andrade Date: 2/19/03

Print or Type Name of Officer: JOSE ANDRADE

Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88764** 2. Name of Corporation **A.M. CONSTRUCTION, INC.**
3. Street Address Principal Business Office **66 SMITH AVENUE** City **SMITHFIELD** State **R. I.** Zip **02828**
4. Business Phone No. **(401) 949-5730** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION, RECONSTRUCTION, REPAIRS AND RENOVATIONS OF BUILDINGS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name JOSE N. ANDRADE	Vice President Name
Street Address 66 SMITH AVENUE	Street Address
City State Zip SMITHFIELD R. I. 02828	City State Zip
Secretary Name JOSE N. ANDRADE	Treasurer Name JOSE N. ANDRADE
Street Address 66 SMITH AVENUE	Street Address 66 SMITH AVENUE
City State Zip SMITHFIELD R. I. 02828	City State Zip SMITHFIELD R. I. 02828

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name JOSE N. ANDRADE	Director Name
Street Address 66 SMITH AVENUE	Street Address
City State Zip SMITHFIELD R. I. 02828	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

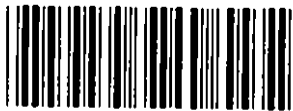
Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	NO PAR	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 8 7 6 4 *

File Date: 2-19-02
Check No.: 3874
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 2/12/02
Print or Type Name of Officer JOSE ANDRADE

Title of Officer PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88764 2. Name of Corporation A.M. Construction, Inc.
3. Street Address Principal Business Office 66 Smith Avenue
4. Business Phone No. (401) 265-6845 5. State of Incorporation Rhode Island
6. SIC Code 02828
7. Brief Description of the Character of Business Conducted in Rhode Island

to contract and reconstruct residential & commercial buildings

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name	Jose N. Andrade	Street Address	66 Smith Avenue	City	Greenville	State	RI	Zip	02828
Vice President Name		Street Address		City		State		Zip	
Secretary Name	Jose N. Andrade	Street Address	66 Smith Avenue	City	Greenville	State	RI	Zip	02828
Treasurer Name	Jose N. Andrade	Street Address	66 Smith Avenue	City	Greenville	State	RI	Zip	02828

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Jose N. Andrade	Street Address	66 Smith Avenue	City	Greenville	State	RI	Zip	02828
Director Name		Street Address		City		State		Zip	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000 shs	no par value	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 3/5
Check No.: 3377
By: [Signature]

Signature of Officer: [Signature] Date: 2/27/01
Print or Type Name of Officer: Jose N. Andrade
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88764** 2. Name of Corporation **A.M. CONSTRUCTION, INC.**
3. Street Address Principal Business Office **365 PUTNAM PIKE** City **SMITHFIELD** State **RI** Zip **02917**
4. Business Phone No. **(401) 231-2603** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONSTRUCT AND RECONSTRUCT RESIDENTIAL AND COMMERCIAL BUILDINGS, INCLUDING REPAIRS AND RENOVATIONS, WHICH MAY INCLUDE THE ACQUISITION AND SALE OF LAND

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOSE N. ANDRADE	Vice President Name FERNINANDO G. MONIZ
Street Address 365 PUTNAM PIKE	Street Address 365 PUTNAM PIKE
City State Zip SMITHFIELD RI 02917	City State Zip SMITHFIELD RI 02917

Secretary Name FERNINANDO G. MONIZ	Treasurer Name JOSE N. ANDRADE
Street Address 365 PUTNAM PIKE	Street Address 365 PUTNAM PIKE
City State Zip SMITHFIELD RI 02917	City State Zip SMITHFIELD RI 02917

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name JOSE N. ANDRADE	Director Name FERNINANDO G. MONIZ
Street Address 365 PUTNAM PIKE	Street Address 365 PUTNAM PIKE
City State Zip SMITHFIELD RI 02917	City State Zip SMITHFIELD RI 02917

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
4,000 SHS NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 11/21/00
Check No.: 2831
By: Cu

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jose N. Andrade 11/18/00
Signature of Officer Date
JOSE N ANDRADE
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1 - March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88764		2. Name of Corporation A.M. CONSTRUCTION, INC.			
3. Street Address Principal Business Office 365 PUTNAM PIKE			City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. (401) 231-2603		5. State of Incorporation RHODE ISLAND			6. SIC Code 5710
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONSTRUCT AND RECONSTRUCT RESIDENTIAL AND COMMERCIAL BUILDINGS, INCLUDING REPAIRS AND RENOVATIONS, WHICH MAY INCLUDE THE ACQUISITION AND SALE OF LAND					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSE N. ANDRADE			Vice President Name FERNINANDO G. MONIZ		
Street Address 365 PUTNAM PIKE			Street Address 365 PUTNAM PIKE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name FERNINANDO G. MONIZ			Treasurer Name JOSE N. ANDRADE		
Street Address 365 PUTNAM PIKE			Street Address 365 PUTNAM PIKE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSE N. ANDRADE			Director Name FERNINANDO G. MONIZ		
Street Address 365 PUTNAM PIKE			Street Address 365 PUTNAM PIKE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR VALUE			100	COMMON	NO PAR
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that the statements contained herein are true and correct.

File Date: Feb 3, 1999
Check No.: 2209
By: JD/cv

Signature of Officer: Jose Andrade Date: 1/20/99
Print or Type Name of Officer: JOSE N. ANDRADE
Title of Officer: PRESIDENT

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 88764		2. Name of Corporation A.M. CONSTRUCTION, INC.		
3. Street Address Principal Business Office 365 PUTNAM PIKE		City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. (401)231-2603		5. State of Incorporation RHODE ISLAND		6. SIC Code 5710
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONSTRUCT AND RECONSTRUCT RESIDENTIAL AND COMMERCIAL BUILDINGS, INCLUDING REPAIRS AND RENOVATIONS, WHICH MAY INCLUDE THE ACQUISITION AND SALE OF LAND.				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)				
President Name JOSE N. ANDRADE		Vice President Name FERDINANDO G. MONIZ		
Street Address 365 PUTNAM PIKE		Street Address 365 PUTNAM PIKE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	Zip 02917
Secretary Name FERDINANDO G. MONIZ		Treasurer Name JOSE N. ANDRADE		
Street Address 365 PUTNAM PIKE		Street Address 365 PUTNAM PIKE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)				
Director Name JOSE N. ANDRADE		Director Name FERDINANDO G. MONIZ		
Street Address 365 PUTNAM PIKE		Street Address 365 PUTNAM PIKE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	Zip 02917
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
4,000 SHS NO PAR VALUE			100	COMMON
				NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/2/98
 Check No.: 1022
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 1/17/98
 Print or Type Name of Officer: **JOSE N. ANDRADE**
 Title of Officer: **PRESIDENT**

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 88764		2. Name of Corporation A.M. CONSTRUCTION, INC.					
3. Street Address Principal Business Office 365 PUTNAM PIKE, SUITE 5				City SMITHFIELD	State RI	Zip 02917	
4. Business Phone No. (401) 231-1177			5. State of Incorporation RHODE ISLAND			6. SIC Code 5710	
7. REGIONS OF THE STATE INCLUDING REPAIRS AND RENOVATIONS TO CONSTRUCT AND RECONSTRUCT RESIDENTIAL AND COMMERCIAL AND ANY AND ALL OTHER ACTIVITIES LAWFULLY RELATED THERETO.							
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>							
President Name JOSE N. ANDRADE				Vice President Name FERDINANDO G. MONIZ			
Street Address 12 HICKORY LANE				Street Address 88 YORKSHIRE STREET			
City GREENVILLE	State RI	Zip 02828		City PROVIDENCE	State RI	Zip 02908	
Secretary Name FERDINANDO G. MONIZ				Treasurer Name JOSE N. ANDRADE			
Street Address 88 YORKSHIRE STREET				Street Address 12 HICKORY LANE			
City PROVIDENCE, RI	State RI	Zip 02908		City GREENVILLE	State RI	Zip 02828	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>							
Director Name JOSE N. ANDRADE				Director Name FERDINANDCO G. MONIZ			
Street Address -see above-				Street Address -see above-			
City	State	Zip		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>							
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class/Series	Par Value		Number of Shares	Class/Series	Par Value	
4,000 SHS NO PAR VALUE				400	Common	no par	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1/23/97
 Check No.: 1225
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 1-21-97
 Print or Type Name of Officer: JOSE ANDRADE
 Title of Officer: PRESIDENT