

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:42

DOCUMENT # **509700** (1)
1. Corporation Name
ALJOMA LUMBER, INC.

Principal Place of Business Mailing Address
10300 NW 121 WAY MEDLEY FL 33178 **10300 NW 121 WAY MEDLEY FL 33178**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/02/1976** 3a. Date of Last Report **01/24/1994**
4. FEI Number **59-1682313** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt #, etc. 26 Suits, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
VALDES-FAULI, RAUL J
1401 AMERIFIRST BUILDING
1 SE 3RD AVE
MIAMI FL 33131

10. Name and Address of New Registered Agent
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 printed name of incorporator, applicant and officer or director) (Signature) (Typed printed name of registered agent) (Typed printed name)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERNANDEZ, ALBERTO
STREET ADDRESS	2029 SW 57TH COURT
CITY, ST, ZIP	MIAMI FL
TITLE	T
NAME	SHOJAE, MARIE G. L.
STREET ADDRESS	7111 LAGO DRIVE E.
CITY, ST, ZIP	CORAL GABLES FL
TITLE	AS
NAME	VALDES-FAULI, RAUL E
STREET ADDRESS	1 SE 3RD AVENUE #1401
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	D
NAME	FLINN, DAVID L
STREET ADDRESS	1717 N. BAYSHRE DR. 1231
CITY, ST, ZIP	MIAMI FL 33132
TITLE	AS
NAME	VALDES-FAULI, RAUL J
STREET ADDRESS	1 SE 3RD AVE., #1401
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	VILLANUEVA, ALEJANDRA L
STREET ADDRESS	174 ISLA DORADA BLVD.
CITY, ST, ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 in the state. That I am an officer or director of the corporation or the registered agent or authorized representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. My signature is attached herewith as follows:

SIGNATURE: *Alberto Fernandez* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-95 (305)556-8003