

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Jan 25 1996 8:00 am  
Secretary of State

DOCUMENT # **509700** (1)

1. Corporation Name  
**ALJOMA LUMBER, INC.**



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

3. Date Incorporated or Qualified: **08/02/1976**  
3a. Date of Last Report: **01/17/1995**  
4. FEI Number: **59-1682313**  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 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  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD	<input type="checkbox"/> DELETE
12.2 NAME	FERNANDEZ, ALBERTO	
12.3 STREET ADDRESS	2029 SW 57TH COURT	
12.4 CITY-STATE-ZIP	MIAMI FL	
12.5 TITLE	T	<input type="checkbox"/> DELETE
12.6 NAME	SHOJAE, MARIE G. L.	
12.7 STREET ADDRESS	7111 LAGO DRIVE E.	
12.8 CITY-STATE-ZIP	CORAL GABLES FL	
12.9 TITLE	AS	<input type="checkbox"/> DELETE
12.10 NAME	VALDES-FAULI, RAUL E	
12.11 STREET ADDRESS	1 SE 3RD AVENUE #1401	
12.12 CITY-STATE-ZIP	MIAMI, FL 00000	
12.13 TITLE	D	<input type="checkbox"/> DELETE
12.14 NAME	FLINN, DAVID L	
12.15 STREET ADDRESS	1717 N. BAYSHRE DR. 1231	
12.16 CITY-STATE-ZIP	MIAMI FL 33132	
12.17 TITLE	AS	<input type="checkbox"/> DELETE
12.18 NAME	VALDES-FAULI, RAUL J	
12.19 STREET ADDRESS	1 SE 3RD AVE., #1401	
12.20 CITY-STATE-ZIP	MIAMI FL	
12.21 TITLE	S	<input type="checkbox"/> DELETE
12.22 NAME	VILLANUEVA, ALEJANDRA L	
12.23 STREET ADDRESS	174 ISLA DORADA BLVD.	
12.24 CITY-STATE-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing was 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 changes, upon an attachment with an address.

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

1/15/96 (305) 556-8003

CR2E034 (12/95)