

AMENDED 1996

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED AND FILED

96 OCT -9 AM 11:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 509700

1. Corporation Name

Aljoma Lumber, Inc.

Principal Place of Business

Mailing Address

10300 N.W. 121 Way
Medley, FL 33178

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Medley, FL 33178

3. Date Incorporated or Qualified: 8/2/76
3a. Date of Last Report

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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

Valdes-Fauli, Raul J.
1401 Amerifirst Building
1 S.E. 3rd Avenue
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 607.1508, 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Shojaee, Masoud	
STREET ADDRESS	7111 Lago Drive E.	
CITY-ST-ZIP	Coral Gables, FL	<input checked="" type="checkbox"/> DELETE
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Villanueva, Carlos	
STREET ADDRESS	174 Isla Dorada Blvd.	
CITY-ST-ZIP	Coral Gables, FL	<input type="checkbox"/> DELETE
TITLE	President	
NAME	Alberto V. Fernandez	
STREET ADDRESS	2029 SW 57th Court	
CITY-ST-ZIP	Miami, FL	<input type="checkbox"/> DELETE
TITLE	Treasurer	
NAME	Shojaee, Maria G.L.	
STREET ADDRESS	7111 Lago Drive E.	
CITY-ST-ZIP	Coral Gables, FL	<input type="checkbox"/> DELETE
TITLE	Asst. Secretary	
NAME	Vales-Fauli, Raul E.	
STREET ADDRESS	1 S.E. 3rd Avenue #1401	
CITY-ST-ZIP	Miami, FL	<input type="checkbox"/> DELETE
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Flinn, David L.	
STREET ADDRESS	1717 N. Bayshore Drive #1231	
CITY-ST-ZIP	Miami, FL 33132	

13. OFFICERS AND DIRECTORS

1.1 TITLE	Asst. Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Valdes-Fauli, Raul J.	
1.3 STREET ADDRESS	1 S.E. 3rd Ave., #1401	
1.4 CITY-ST-ZIP	Miami, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Villanueva, Alejandra L.	
2.3 STREET ADDRESS	174 Isla Dorada Blvd.	
2.4 CITY-ST-ZIP	Coral Gables, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	C.E.O.	
3.2 NAME	Jose A. Lamas	
3.3 STREET ADDRESS	336 Costa Brava Court	
3.4 CITY-ST-ZIP	Coral Gables, FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

APR 10/99

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]

Sept. 17-96 (305) 556-8003
Date Daytime Phone #

CR2E034 (3/96)