

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 25, 1999 8:00am**  
**Secretary of State**

01-25-1999 90051 012 \*\*\*\*158.75



**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 509700**

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**08/02/1976**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-1682313**

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VALDES-FAULI, RAUL J  
 1401 AMERIFIRST BUILDING  
 1 SE 3RD AVE  
 MIAMI FL 33131**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **PD FERNANDEZ, ALBERTO V**  
 STREET ADDRESS **2029 SW 57TH COURT**  
 CITY-ST-ZIP **MIAMI FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **T SHOJAE, MARIA G**  
 STREET ADDRESS **7111 LAGO DRIVE E.**  
 CITY-ST-ZIP **CORAL GABLES FL**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **AS VALDES-FAULI, RAUL E**  
 STREET ADDRESS **1 BISCAYNE TOWER 2 S BISCAYNE BLVD STE3400**  
 CITY-ST-ZIP **MIAMI FL 33131**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D FLINN, DAVID L**  
 STREET ADDRESS **1717 N. BAYSHRE DR. 1231**  
 CITY-ST-ZIP **MIAMI FL 33132**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **S LAMAS, ALEJANDRA A**  
 STREET ADDRESS **174 ISLA DORADA BLVD**  
 CITY-ST-ZIP **CORAL GABLES FL 33143**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **CEO LAMAS, JOSE A**  
 STREET ADDRESS **336 COSTA BRAVA COURT**  
 CITY-ST-ZIP **CORAL GABLES FL 33143**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

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

**Alberto V. Fernandez - President (305) 556-8003**

Date

Daytime Phone #

CR2E034 (1/198)