

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY 16 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000056487 (0)**

1. Corporation Name  
**ALY CONSTRUCTION, INC.**

Principal Place of Business <b>1731 S.W. 12TH AVE. MIAMI FL 33129</b>	Mailing Address <b>1731 S.W. 12TH AVE. MIAMI FL 33129</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/09/1993</b>	3a. Date of Last Report <b>06/28/1994</b>
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4. FEI Number <b>65-0431505</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under S. 199.032, 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
24 Zip	29 Zip
25 Country	30 Country

**9. Name and Address of Current Registered Agent**

**MITCHELL, ROBYN C  
2601 S BAYSHORE DR  
STE 1600  
MIAMI FL 33133**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

(S&T)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, EUGENIO</b>	12 NAME	
STREET ADDRESS	<b>1731 S.W. 12TH AVE.</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33129</b>	14 CITY - ST - ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELGADO, JESSE</b>	22 NAME	
STREET ADDRESS	<b>4616 S.W. 139TH CT., APT. B</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33175</b>	24 CITY - ST - ZIP	
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERIA-PEREZ, CARIDAD M</b>	32 NAME	
STREET ADDRESS	<b>1731 S.W. 12TH AVE.</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33129</b>	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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)(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 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 on an attachment with an address.

SIGNATURE:

*Caridad M. Feria-Perez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-95  
Date

859-7483  
Telephone Number