FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:05

DOCUMENT # V63177 (2)

1. Corporate Name
ALP CONTRACTORS, INC.

Principal Place of Business
160 NW 176TH ST.
MIAMI FL 33169

Mailing Address
160 NW 176TH ST.
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1992
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 18800 N.W. 2nd Ave
22 Suite # 219 - A
23 Miami, FLA.
24 Zip 33169 25 Country U.S.A.

2a. Mailing Address
26 18800 N.W. 2nd Ave.
27 Suite # 219 - A
28 Miami, FLA.
29 Zip 33169 30 Country U.S.A.

4. FEI Number: 65-0355325 ☐ 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

9. Name and Address of Current Registered Agent

RUBIN, MICHAEL A.
420 SO. DIXIE HWY, SUITE 4B
CORAL GABLES FL 33146

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: (Typed or printed name of registered agent and title if applicable) (New Registered Agent signature required if applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Y/N)?		
11 TITLE	DP	11 TITLE	P-S-M-D	☒ Change ☒ Addition
12 NAME	AXELROD, BRIAN	12 NAME	CLARENCE HERRINGTON	
13 STREET ADDRESS	160 NW 176TH ST.	13 STREET ADDRESS	14825 N.W. 16 TH Drive	
14 CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FLA. 33167	
21 TITLE	DV	21 TITLE	V-T-D	☒ Change ☐ Addition
22 NAME	LEITHER, MARTIN	22 NAME	BRIAN AXELROD	
23 STREET ADDRESS	160 NW 176TH ST.	23 STREET ADDRESS	15701 Sunny Circle	
24 CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	DAVIE, FLA. 33331	
31 TITLE	DV	31 TITLE		☐ Change ☐ Addition
32 NAME	PEREZ, GEORGE	32 NAME		
33 STREET ADDRESS	160 NW 176TH ST.	33 STREET ADDRESS		
34 CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
41 TITLE	DST	41 TITLE		☐ Change ☐ Addition
42 NAME	BERWICK, PAT	42 NAME		
43 STREET ADDRESS	160 NW 176TH ST.	43 STREET ADDRESS		
44 CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY-ST-ZIP		54 CITY-ST-ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is true, voluntarily furnished and 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 added to the report with an addition.

SIGNATURE: Brian Axelrod BRIAN AXELROD 3-9-95 305-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0198110 CP

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $200.00

Block 1 — Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2 — Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a — If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.

Block 3 — Enter the date of incorporation or qualification with this office if Block 3 is blank.

Block 3a — Enter the file date of the last filed annual report, if applicable.

Block 4 — Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking in the appropriate box. If "applied for" is preprinted in Block 4, you must now provide the FEI number. For assistance with FEI numbers, call IRS at 1-800-829-1040.

Block 5 — Should you desire ...rtificate reflecting your corporation's status after the filing of this report, check the BOX in Block 5 and include an additional $8.75 with your filing fee.

Block 6 — Florida law allow... ...$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members ... ...e, check the box in Block 6.

Block 8 — Check the app... ...the Dept. of Revenue by calling 1-800-352-3671.

Block 9 — The law requ... ...ress. If the computer entry in Block 9 is incorrect, enter the correct information in Block 10.

Block 10 — Enter nam... ...mail service is NOT acceptable for service of process. THE COR...

Block 11 — The ne... ...nd this appointment by completing and signing... ...poration, the person signing must state their ...

Block 12 — Bloc... ...corrections or additions are to be made in blo...

Block 13 — B... ...gible. Use the following type symbols on the ... *erson holds more than one position, enter all* ...E; If officer or director's address is confidential ...t addresses. If there is no street address, enter ...

Block 14 — This report mu... ...easurer or Director of the Corporation that is listed in Block 12, Block 13 o... ...ceiver, it must be signed by the trustee or receiver. A signature placed on an attachm...

NOTE: Martin Liere, George Perez, PAT Berwick are no longer with Re Company.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

...respondence to this address:

Divisi... ...s
Post Office Bo...
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.