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

**PROFIT** CORPORATION **ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000060871 (8)

AHL CONSTRUCTION, INC.

Principal Place of Business

14151 LEANING PINE DRIVE MIAMI LAKES FL 33014

Mailing Address

14151 LEANING PINE DRIVE MIAMI LAKES FL 33014

## **FILED** Apr 28 1998 8:00am Secretary of State



				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		08/18/1994 4. FEI Number	Applied For
21 2151	LEJEUNE ROAD	26 458 RC	PVINO AVE	65-0513564	Not Applicable
Suite, Apt	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23 CORF	L GABLES , FL.	28 CORAL GABI	LES, FL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24 331		29 33156 3	0 <i>V.</i> S.		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  OCTING DEDGG A 81 Name					
	OFINO, PEDRO A		o i Name		
407 LINCOLN RD., SUITE 2B			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33139			83		
			63		
			84 City	FI	85 Zip Code
dd Durauant	to the provinces of Sections 607.0603	and CO7 1509. Elavida Ctatutas	the above semest core		
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 Statute's.					
SIGNATURE Signature, typod or printed name of registered agent and till of applicable (NOTE: Rog stered Agent signature required whon reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE			Change Addition
NAME	LAMELA, ANGEL H	<u>-</u>	Louis 14 A	AMELA, ANGEL H	n -
STREET ADDRESS	14151 LEANING PINE DRIVE		1,3 STREET ADDRESS 4	58 ROYING AVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 City-st-zip	ORAL GABLES, FL. 33	3156
TITLE	- Will D # 120 1 2 000 1 1	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	!		2.3 STREET ADDRESS	<b>,</b> , .	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 THUE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		1
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAMÉ		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	•	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	P		6.2 NAME		
STREET ADDRESS	2.		63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
14. Thereby o	ertify that the information supplied with	this filing does not qualify for t	the exemption stated in	Section 119.07(3)(i). Florida Statutes, I further co	ertify 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 part attachment with an accuracy 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 part attachment with an accuracy of the corporation of the receiver of the corporation or the receiver of 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 part attachment with an accuracy of the corporation of the receiver of 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 part attachment with an accuracy of the corporation of the receiver of the recei

SIGNATURE:

ANGEL H. LAMELA 4-21-98 (305) 476-9674