

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
Division of Corporations

APPROVED
AND
FILED

RECEIVED
MAY 15 1995
TELEPHONE ROOM

DOCUMENT # **351922** (0)

1. Corporation Name
BETTER CONSTRUCTION, INC.

Principal Place of Business: **2835 S.W. 3RD AVENUE MIAMI FL 33129**
Mailing Address: **2835 S.W. 3RD AVENUE MIAMI FL 33129**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified: 09/09/1969		3a. Date of Last Report: 03/29/1994	
4. FID Number: 59-1269789		Applied For: ☐ Not Applicable: ☐	
2. Principal Place of Business: 21	2a. Mailing Address: 26	5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required	
22. State: FL	27. State: FL	6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees	
23. City & State: MIAMI FL	28. City & State: MIAMI FL	8. Does corporation have liability for state income tax under 112(b)(1)? ☐ Yes ☒ No	
29. 29a	29b	29c	30

9. Name and Address of Current Registered Agent

**ORTEGA, JOSE LUIS
2835 SW 3RD AVENUE
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81. Name:	
82. Street Address: P.O. Box Number or Not Applicable:	
83.	
84. State:	FL
85. Zip Code:	

11. I hereby certify that the information supplied on this report is true and correct to the best of my knowledge and belief, and that I am duly qualified to sign this report. I understand that any false or misleading information furnished on this report is a violation of the laws of the State of Florida, and that I may be subject to criminal and civil penalties therefor.

12. OFFICER, DIRECTOR, OR KEY PERSONNEL	13. ADDITIONAL OFFICERS, DIRECTORS, OR KEY PERSONNEL
PD NAME: ORTEGA, JOSE L Address: 5930 SW 79 CT. MIAMI FL VP NAME: RODRIGUEZ, AUGUSTO Address: 6860 SW 94 CT. MIAMI FL T NAME: ORTEGA, OLGA Address: 365 W. ENID KEY BISCAYNE FL SD NAME: ORTEGA, JOSE LUIS Address: 5930 S.W. 79TH CT. MIAMI FL	NAME: Address: NAME: Address: NAME: Address: NAME: Address: NAME: Address: NAME: Address:

14. I hereby certify that the information supplied on this report is true and correct to the best of my knowledge and belief, and that I am duly qualified to sign this report. I understand that any false or misleading information furnished on this report is a violation of the laws of the State of Florida, and that I may be subject to criminal and civil penalties therefor.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE LUIS ORTEGA 3/20/95 (305) 856-2411