

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 358274

(9)

95 MAY -1 PM 2:21

1. Corporation Name

PALMEIRAS CONSTRUCTION INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3579 S.W. CORNELL AVENUE
POST OFFICE BOX 1833
STUART FL 34995

Mailing Address

3579 S.W. CORNELL AVENUE
POST OFFICE BOX 1833
STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/19/1970

3a. Date of Last Report
04/14/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

11-2234060

Applied For

Not Applicable

22. Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

23

28. City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. Zip

24

25. City

25

29. Zip

29

30. City

30

8. This corporation has liability for intangible tax under S. 199(1)(2),
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILPE, PAUL
9960 S. OCEAN DRIVE #403
JENSEN BEACH FL 34957

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 of Registered Agent (Print Name, Title, and Address) (Print Name, Title, and Address) (Print Name, Title, and Address)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	FILPE, BRASILINO
STREET ADDRESS	9960 S OCEAN DR #403
CITY, ST, ZIP	JENSEN BCH FL
TITLE	S
NAME	CORREIA, EDUARDO
STREET ADDRESS	21 BOB-O-LINK LANE
CITY, ST, ZIP	NORTHPORT, N. Y.
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, 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 included on this annual report or supplementary 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 registered agent authorized 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.

SIGNATURE:

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRASILINO FILPE

5-01-95 407.283.7755