

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

DOCUMENT # 367754 (9)

1. Corporation Name

FRANK MAJO GENERAL CONTRACTOR, INC.

Principal Place of Business

**5733 FUNSTON STREET
HOLLYWOOD FL 33023**

Mailing Address

**5733 FUNSTON STREET
HOLLYWOOD FL 33023**

**APPROVED
AND
FILED**

95 MAY -1 PM 3:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/31/1970	3a. Date of Last Report 04/28/1994
4. FEI Number 59-1302023	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**MAJO, FRANK
5901 S W 61 AVENUE
DAVE FL 33314**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MAJO, FRANK	1.2 NAME	
STREET ADDRESS	5901 S.W. 61 AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAVE FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	MAJO, JOYCE	2.2 NAME	DELETED
STREET ADDRESS	5901 S.W. 61 AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAVE FL	2.4 CITY - ST - ZIP	
TITLE	TV	3.1 TITLE	☒ Change ☐ Addition
NAME	PUNTES, CHRISTOPHER	3.2 NAME	V/S
STREET ADDRESS	3811 NW 92 AVE.	3.3 STREET ADDRESS	PUNTES, CHRISTOPHER
CITY - ST - ZIP	HOLLYWOOD FL 33024	3.4 CITY - ST - ZIP	3811 NW 92 AVE. HOLLYWOOD, FL 33024
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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, unchanged, or on an attachment with an address.

SIGNATURE:

Christopher Puentes

4/25/95

(305) 981-3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number