

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
STATE
SUNSHINE STATE
DIVISION OF CORPORATIONS

DOCUMENT # 579786 (5)

1. Corporation Name

ASSOCIATES CONSTRUCTION CORP.



Principal Place of Business

7422 S.W. 48TH STREET
MIAMI FL 33155

Mail Address

7422 S.W. 48TH STREET
MIAMI FL 33155

2. Principal Place of Business

21 State Apt. No.

22 City & State

23 Zip

24 County

2a. Mailing Address

26 State Apt. No.

27 City & State

28 Zip

29 County

g. Name and Address of Current Registered Agent

KREUTZER, FRANKLIN D
3041 N W 7 ST
MIAMI FL 33125

3. Date of Incorporation

07/21/1978

3a. Date of Last Report

02/01/1995

4. EIN Number

59-1865203

Applied For

Not Applicable

\$8.75 Additional
Fee Required

5. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation is a liability for federal tax under S. 1361(a)(3)
Exempt Status ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **Ramon J. Barcia**
82 Street Address (P.O. Box Number - Not Applicable)
5321 SW 60th Place.
83 City
A
84 City **Miami** FL 85 Zip Code **33155**

11. Pursuant to the provisions of Section 190.01, new members of the Board of Directors of the corporation, for the purpose of changing its registered office or principal place of business in the State of Florida, have authorized the undersigned to execute and file with the Department of State, for the purpose of changing its registered office or principal place of business, the following information:

SIGNATURE

RAMON J. BARCIA PD, ST.

3/18/96

12. OFFICERS AND DIRECTORS

NAME ☐ OFFICER ☐ DIRECTOR

NAME **PD**

NAME **BARCIA, RAMON J.**

STREET ADDRESS **7422 S.W. 48TH STREET**

CITY, STATE, ZIP **MIAMI FL**

NAME ☒ OFFICER ☐ DIRECTOR

NAME **ST**

NAME **DIAZ, NELSON**

STREET ADDRESS **7422 S.W. 48TH STREET**

CITY, STATE, ZIP **MIAMI FL**

NAME ☐ OFFICER ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME ☐ OFFICER ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME ☐ OFFICER ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME ☐ OFFICER ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME ☐ OFFICER ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME ☐ OFFICER ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME ☒ Change ☐ Addition

NAME **S T. & PD.**

NAME **BARCIA, RAMON J.**

NAME ☐ Change ☐ Addition

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

SIGNATURE:

RAMON J. BARCIA 3/18/96 305-661-7741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)