

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

APPROVED
AND
FILED

95 APR 25 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 690503

(8)

1. Corporation Name

PALLAIS CONSTRUCTION CO., INC.

Principal Place of Business

13520 S.W. 73 CT.
MIAMI FL 33156

Mailing Address

13781 S W 66ST
B-122
MIAMI FL 33183
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/16/1981

3a. Date of Last Report

06/03/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

4. FEI Number

59-2174720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POLLAIS, LUIS H
13781 SW 66ST
B-122
MIAMI FL 33183

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

TITLE	DP
NAME	DEBAYLE, LUIS PALLAIS
STREET ADDRESS	17305 S.W. 84 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	ALVARADO, EVELYN
STREET ADDRESS	10180 SW 100 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	PORLAIS, LISETTE
STREET ADDRESS	8325 S W 130 ST
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - TRANSITION	☒ Change ☐ Addition
1.2 NAME	LUIS H. PALLAIS	
1.3 STREET ADDRESS	13781 S.W. 66 ST. # B-122	
1.4 CITY - ST - ZIP	MIAMI, FL 33183	
2.1 TITLE	VIC PRESIDENT - SUCCESSION	☒ Change ☐ Addition
2.2 NAME	ANGELA R. PALLAIS	
2.3 STREET ADDRESS	13781 SW 66 ST. # B-122	
2.4 CITY - ST - ZIP	MIAMI, FL 33183	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 388 5282