

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$775)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F23201

(9)

95 JUN -9 AM 9:07

1. Corporation Name

V.D.P. CONSTRUCTION CORP.

Principal Place of Business

329 EAST 9TH STREET #201
HIALEAH FL 33010

Mailing Address

329 EAST 9TH STREET #201
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/20/1981

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 4. FEI Number 59-2069140 Applied For Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 24 Country 25 Country 29 Zip 30 Country 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, JOSE A
329 EAST 9TH STREET #201
HIALEAH, FLORIDA
33010

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGIORGIO, PASCUALE	1.2 NAME		
STREET ADDRESS	329 E 9TH STREET #201	1.3 STREET ADDRESS		
CITY - ST - ZIP	HIALEAH, FL 33010	1.4 CITY - ST - ZIP		
TITLE	PD	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VULPETTI, JAMES	2.2 NAME		
STREET ADDRESS	329 E 9TH STREET #201	2.3 STREET ADDRESS		
CITY - ST - ZIP	HIALEAH, FL 33010	2.4 CITY - ST - ZIP		
TITLE	TD	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JOSE A	3.2 NAME		
STREET ADDRESS	329 E 9TH STREET #201	3.3 STREET ADDRESS		
CITY - ST - ZIP	HIALEAH, FL 33010	3.4 CITY - ST - ZIP		
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 #

CR2E034 (3/95)