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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G24993** **(9)**

1. Corporation Name

YOVAL CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
% VALENTIN SANCHEZ 13640 S.W. 102ND CT. MIAMI FL 33176	% VALENTIN SANCHEZ 13640 S.W. 102ND CT. MIAMI FL 33176

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **02/14/1983**	3a. Date of Last Report: **03/15/1995**
4. FEI Number: **59-2269915**	☐ 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	

9. Name and Address of Current Registered Agent

SANCHEZ, YOLANDA
13840 S.W. 102 CT
MIAMI FL 33176

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANCHEZ, VALENTIN 13640 S.W. 102ND CT. MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Valentin Sanchez DECEASED	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANCHEZ, YOLANDA 13640 S.W. 102 CURT MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Yolanda Sanchez 2/2/96 305-251-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO

DECEDENT

1 DECEDENT'S NAME — FIRST: VALENTIN — MIDDLE: — LAST: SANCHEZ — 2 SEX: Male

3 DATE OF DEATH (Month, Day, Year): October 10, 1993 — 4 SOCIAL SECURITY NUMBER: 057-32-7145 — 5a AGE-Last Birthday (years): 63 — 5b UNDER 1 YEAR: Months / Days — 5c UNDER 1 Day: Hours / Minutes

6 DATE OF BIRTH (Month, Day, Year): February 22, 1930 — 7 BIRTHPLACE (City and State or Foreign Country): Cuba — 8 WAS DECEDENT EVER IN US ARMED FORCES? (Yes or No): No

9a PLACE OF DEATH (Check only one - see instructions on other side): HOSPITAL X Inpatient _ ER/Outpatient _ DOA — OTHER _ Nursing Home _ Residence _ Other (Specify) — 9b INSIDE CITY LIMITS? (Yes or No): No

9c FACILITY NAME (If not institution, give street and number): Baptist Hospital Of Miami — 9d CITY, TOWN, OR LOCATION OF DEATH: Miami — 9e COUNTY OF DEATH: Dade

11 GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED

10a DECEDENT'S USUAL OCCUPATION: Owner — 10b KIND OF BUSINESS/INDUSTRY: Construction — 11 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married — 12 SURVIVING SPOUSE (If wife, give maiden name): Yolanda Ramirez

13a RESIDENCE — STATE: Florida — 13b COUNTY: Dade — 13c CITY, TOWN, OR LOCATION: Miami — 13d STREET AND NUMBER: 13640 S.W. 102 Court

13e INSIDE CITY LIMITS? (Yes or No): No — 13f ZIP CODE: 33176 — 14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) _ No X Yes — Specify: Cuban — 15 RACE — American Indian, Black, White, etc. Specify: White — 16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 — College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): Valentin Sanchez — 18 MOTHER'S NAME (First, Middle, Maiden Surname): Carmelina Hernandez Ayala

19a INFORMANT'S NAME (Type/Print): Val Sanchez — 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 12705 S.W. 112 Court Miami FL 33176

DISPOSITION

20a METHOD OF DISPOSITION: X Burial _ Cremation _ Removal from State _ Donation _ Other (Specify) — 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Park South — 20c LOCATION — City or Town, State: Miami, Florida

CERTIFIER

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature] — 21b LICENSE NUMBER (of Licensee): 1047 — 21c NAME AND ADDRESS OF FACILITY: Caballero-Woodlawn Funeral Home 11655 S.W. 117th Avenue Miami FL 33166

22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated — (Signature and Title): Jonathan S Roberts, MD — 22b DATE SIGNED (Mo., Day, Yr.): 10/20/93 — 22c HOUR OF DEATH: 5:30 P. M

22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER — 23a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated — (Signature and Title) ▶ — 23b DATE SIGNED (Mo., Day, Yr.) — 23c HOUR OF DEATH M — 23d MEDICAL EXAMINER'S CASE #

24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Jonathan Roberts M.D. 8950 North Kendall Drive #606 Miami, Florida 33176

25a SIGNATURE OF REGISTRAR AND DATE: [signature] 10-21-93 — 25b LOCAL REGISTRAR — SIGNATURE: Maurice Darden — 25c DATE REGISTERED (Mo., Day, Yr.): OCT 25 1993

CAUSE OF DEATH BY CERTIFIER

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a	CEREBRAL EDEMA/HERNIATION	36 Hours
DUE TO (OR AS A CONSEQUENCE OF)		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b	CEREBRAL VASCULAR ACCIDENT (STROKE)	4 DAYS
DUE TO (OR AS A CONSEQUENCE OF)		
c		
DUE TO (OR AS A CONSEQUENCE OF)		
d		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

27a WAS AN AUTOPSY PERFORMED? (Yes or No): No — 27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No): — 28 CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): No

29 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES NO — 30a IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED — 30b DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined — 32a DATE OF INJURY (Month, Day, Year) — 32b TIME OF INJURY M — 32c INJURY AT WORK? (Yes or No) — 32d DESCRIBE HOW INJURY OCCURRED

32e PLACE OF INJURY — At home, farm, street, factory, etc. (Specify) — 32f LOCATION (Street and Number or Rural Route Number, City or Town, State)

HRS Form 512, (Previous