

**ANNUAL REPORT
1995**

**DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS**

FILED

DOCUMENT # J96499

(5)

1. Corporation Name

TEAMWORK CONSTRUCTION, INC.

95 APR 24 AM 8:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**430 S. DIXIE HWY.
STE. 24
CORAL GABLES FL 33146
US**

Mailing Address

**430 S. DIXIE HWY.
STE. 24
CORAL GABLES FL 33146
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/09/1987

3a. Date of Last Report

06/22/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0011049

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

**CHAANNOUH, AFIF
420 S. DIXIE HWY
STE. 24
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

CHANOUHA, AFIF

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 instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

CHANOUHA, AFIF

STREET ADDRESS

413 SANTURCE AVE.

CITY - ST - ZIP

CORAL GABLES FL

TITLE

DVS

NAME

CHANOUHA, MONA

STREET ADDRESS

413 SANTURCE AVE

CITY - ST - ZIP

CORAL GABLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

MONA CHANOUHA

4/18/95 (305) 6691669