

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K02664** (6)
1. Corporation Name
ALDA CONSTRUCTION, INC.

Principal Place of Business: **C/O JOSE SMITH
100 N. BISCAYNE BLVD., STE. 1411
MIAMI FL 33132**
Mailing Address: **C/O JOSE SMITH
100 N. BISCAYNE BLVD., STE. 1411
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1987**
3a. Date of Last Report: **04/13/1994**
4. FEI Number: **65-0040136**
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**
6. This corporation has liability for intangible tax under § 199.002, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: **21 20636 BISCAYNE BLVD.**
Suite, Apt. #, etc.: **22**
City & State: **23 N.-M.-B. FLORIDA**
Zip: **24 33180** Country: **25**
City & State: **26 SAME**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**HALBERSTEIN, DANIEL
20636 BISCAYNE BLVD
MIAMI FL 33180**

10. Name and Address of New Registered Agent

81 Name: **DANIEL HALBERSTEIN**
82 Street Address (P.O. Box Number is Not Acceptable): **20636 BISCAYNE BLVD.**
83
84 City: **N.-M.-B.** FL 85 Zip Code: **33180**

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 I accept the responsibility for, the information furnished herein. 607.0505, Florida Statutes.

SIGNATURE

[Signature]

DANIEL HALBERSTEIN

4/12/95

12. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	HALBERSTEIN, DANIEL
STREET ADDRESS	721 N.E. 203RD LANE
CITY, ST, ZIP	NO. MIAMI BEACH 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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 190.02(3)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this filing, or on the accompanying documents.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 (305) 933-1060