

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # K44482 (3)**

1. Corporation Name

**S.P.B. CONSTRUCTION, CORP.**



Principal Place of Business

**4545 N.W. 7 STREET  
SUITE #12  
MIAMI FL 33126  
US**

Mailing Address

**4545 N.W. 7 STREET  
SUITE #12  
MIAMI FL 33126  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DELGADO, ALBERTO  
6655 SW 99 AVE  
MIAMI FL 33173**

3. Date Incorporated or Qualified

**11/09/1988**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0144150**

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

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 type for persons filing electronically (if applicable)

(Print) Registered Agent Signature required when registered

DATE

OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**PDSD**

**DELGADO, ALBERTO**

**6655 SW 99 AVE**

**MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**VDT**

**DELGADO, ISABEL**

**6655 SW 99 AVE**

**MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**SD**

**DELGADO, ALBERTO**

**15240 S.W. 162 STREET**

**MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**T**

**DELGADO, ISABEL**

**15240 S.W. 162 STREET**

**MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ 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

**ALBERTO DELGADO 4/16/96 (305)271-1262**

CR2E034 (12/95)