

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 # K62028

(1)

1. Corporation Name

DO-SAN CONSTRUCTION CORP.



Principal Place of Business

Mailing Address

% VALENTIN SANCHEZ  
13640 S W 102 COURT  
MIAMI FL 33176

% VALENTIN SANCHEZ  
13640 S W 102 COURT  
MIAMI FL 33176

3. Date Incorporated or Qualified

01/23/1989

3a. Date of Last Report

03/02/1995

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

10. Name and Address of New Registered Agent

DOCE, ABEL  
5765 N.W. 98 COURT  
MIAMI FL FL 33178

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 or printed name of registered agent and then applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

V  
DOCE, ABEL  
5765 N.W. 98 COURT  
MIAMI FL 33178

TITLE ☐ DELETE

P  
SANCHEZ, YOLANDA  
13640 S W 102 COURT  
MIAMI FL 33176

TITLE ☐ DELETE

S  
SANCHEZ, VAL  
13640 S W 102 COURT  
MIAMI FL 33176

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

305-251-9009

Daytime Phone #

CR2E034 (12/95)