

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L66491 (6)**

1. Corporation Name

**MINGO CONSTRUCTION, INC.**



Principal Place of Business

Mailing Address

**18377 SW 154TH ST.  
MIAMI FL 33187**

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MIAMI FL 33187**

<b>3.</b> Date Incorporated or Qualified <b>04/12/1990</b>	<b>3a.</b> Date of Last Report <b>04/18/1995</b>
<b>4.</b> FEI Number <b>65-0187895</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**AGUIAR, DOMINGO  
10135 NW 30 AVENUE  
MIAMI FL 33147**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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: The printed name of registered agent and the agent's title.

(NOTE: Registered Agent signature required when a new agent is appointed.)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	<b>11</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGUIAR, DOMINGO</b>		<b>12</b> NAME	
STREET ADDRESS	<b>10135 NW 30 AVE.</b>		<b>13</b> STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>		<b>14</b> CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	<b>21</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<b>22</b> NAME	
STREET ADDRESS			<b>23</b> STREET ADDRESS	
CITY - ST - ZIP			<b>24</b> CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	<b>31</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<b>32</b> NAME	
STREET ADDRESS			<b>33</b> STREET ADDRESS	
CITY - ST - ZIP			<b>34</b> CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	<b>41</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<b>42</b> NAME	
STREET ADDRESS			<b>43</b> STREET ADDRESS	
CITY - ST - ZIP			<b>44</b> CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	<b>51</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<b>52</b> NAME	
STREET ADDRESS			<b>53</b> STREET ADDRESS	
CITY - ST - ZIP			<b>54</b> CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	<b>61</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<b>62</b> NAME	
STREET ADDRESS			<b>63</b> STREET ADDRESS	
CITY - ST - ZIP			<b>64</b> 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

**SIGNATURE:** *Domingo Aguiar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)