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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L66491

(6)

MINGO CONSTRUCTION, INC.

Principal Place	Mailing Ad	Mailing Address				I RESHON SHESHIND CHIEF ENDING TO	Al IIII I	II DII BIDIF DIBIL DIDIL DI	DIA DEBET 1201	
18377 SW 1547 MIAMI FL 3318		18377 SW 154TH ST. MIAMI FL 33187-1232							·	
•		•				3. Date Incorporated or Qualified 04/12/1990				
2. Principal Fi	ace of Business	2a. Mailing	Address		• • • • • • • • • • • • • • • • • • • •		4. FEI Number			Applied For
21	107 1 W 1 1 F 17 1 W 1 7 F 17 1 A A A A A A A A A A A A A A A A A	26				··········	65-0187895		<del></del>	Not Applicable
Suite, Apt. :		27	Apt. #, etc.			-	5. Certificate of Status Desired	<u></u>	Fee	Additional Required
City & State		City & S	State				Election Campaign Financing	1g		O May Be
<b>23</b> Zip	Country	28 Zip	· · · · · · · · · · · · · · · · · · ·	Cou	intry	<del></del>	Trust Fund Contribution			d to Fees
24	25	29		30	r iti y		8. This corporation has liability Florida Statutes		tangible tax under Yes \[ \] No	s. 199.032,
24]	9. Name and Address of Currer		gent	[30]	Γ'		10. Name and Address of Ner			<u></u>
AGU	IJAR, DOMINGO				81	Name		<u>-</u>	te i	
	85 NW 30 AVENUE				60		Domingo Agui			
	MI FL 33147				82	Street Addr	ress (P.O. Box Number is Not Acce		" <b>5</b> 7	
	=				83			-4	· · · · · · · · · · · · · · · · · · ·	
•										41-2
•					84	City	Miami		FL  85   5	p Code
11. Pursuant	o the provisions of Sections 607,050	2 and 607.1508,	Florida Statu	tes, the al	pove	-named corp		the pu	rpose of changing	its registered
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State my animar with, and accept the oblig	of Florida, Such ations of, Section	i change was n 607.0505. F	authorize Iorida Stat	o by lutes	the corporat	tion's board of directors. I hereby a	sccept	the appointment (	as registered
SIGNATURE	Warre a De	<u></u>				•			112/52	
	Signature Typed or printed rema of registal id age	ent and title if applicabl	e. <b>(N</b> O	TE Registere	d Age	nt elgnature requir	red when reinstaling)		DATE	
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO C	FFICE	RS AND DIRECTO	DRS IN 12
TITLE	PD		DELETE	1.1 T/	TLE	F			Change	B Addition
NAME	AGUIAR, DOMINGO			1.2 N/	ME			67.0		
STREET ADDRESS	10135 NW 30 AVE.			1.3 \$1	TAEET	address		:	•	
CITY-ST-ZIP	MIAMI FL		H ::::::::		TY-SI	r-zip				···
TOTLE			☐ DELETE	21 Ti			-		L. Change	Addition
NAME				2.2 NJ						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	2.4 C		T-ZIP			Change	B Addition
NAME			DELETE						Limit Charles	Augustii
				3.2 N/		ADDOCCC				
STREET ADDRESS				1		ADDRESS				
CITY-ST-7IP TITLE			DELETE	3.4. C		1-21	······		☐ Change	e Addition
NAME				4. 2 N					<u> </u>	
STREET ADDRESS						ADDRESS				
CITY-SI-ZIP					TY-SI					
TITLE			DELETE	5.1 Ti					Change	Addition
NAME				5.2 NJ	AME	1.				
STREET ADDRESS				5.3 ST	REET .	ADDRESS	•			
CITY-ST-ZIP				5.4 CI	TY-\$1	r-21P				
TITLE			DELETE	6.1 Ti	TLE	- T			Change	Addition
NAME				6.2 N/	AME					
STHEET ADDRESS				6.3 ST	REET.	ADDRESS				
CITY-ST-ZiP				6.4 Ci						
information Lam an of	by certify that the information supplie in indicated on this annual report or s fficer or director of the corporation of in Block 12 or Block 13 if changed, o	supplemental and the receiver or t	nual report is trustee empor	true and a wered to e	accu	rate and that	my signature shall have the same	legai i	effect as if made i	inder oath, that