## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

| ANNU                                    |   |   | y of State ORPORATIONS   | Secretary of State  |  |
|---|---|---|--|---|--|
|   | MENT # M193   | \   |  |   |  |
| A-1 F &                                 | H CONSTRUCTION INC  | •   |  | I TOURING AND THAT THAT OF THE BOURD AND A  | I BERGE RERU RIBIG BERGE RERU BERGE BORN 1881                          |
| Principal Place                         | e of Business   | Mail ng Address   | and the state of t |   |  |
| 16160 S W 250                           | ) ST  | 18160 S W 250 ST  |  |   |  |
| Miami Fl 3303<br>US                     | 1   | MIAMI FL 33031-2067<br>US   |  | 3. Date Incorporated or Qualified 3a. Date of Last Report                               |  |
|   |   |   |  | 08/14/1985  | 06/19/1996   |
| 2. Principal Pl                         | lace of Business  | 26. Mailing Address   |  | 4. FEI Number NOT APPLICABLE  | Applied For Not Applicable   |
| Suite, Apt                              | #, etc.   | Suite, Apt #, etc.  |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required   |
| City & State                            | D   | City & State  |  | 6. Election Campaign Financing  | \$5.00 May Be  |
| <b>3</b> ]<br>Zip                       | Country   | 28 Zip  | Country  | Trust Fund Contribution  8. This corporation has liability for                          | Added to Fees  |
| 4]                                      | 25  | 29  | 30   | Florida Statutes  | Yes No   |
|   | 9. Name and Address of Cu   | rrent Registered Agent  | 81 Name  | 10. Name and Address of New Re  | gistered Agent   |
|   | NZALEZ, FEUPE<br>80 S W 250 ST  |   |  | delega (D.O. Boy Aliyahar in Not Accepted   | h. L.  |
| MIAMI FL 33031                          |   |   |  | ddress (P.O. Box Number is Not Acceptal   | эе)  |
|   |   |   | 83   |   |  |
|   |   |   | 84 City  |   | FL 85 Zip Code   |
| 11. Pursaant<br>office or r<br>agent La | to the provisions of Sections 607,<br>egistered agent, or both, in the S<br>m familiar with, and accept the o | .0502 and 607.1508, Florida Statule<br>litate of Florida. Such change was a<br>bligations of, Section 607.0505, Flo | es, the above-named outhorized by the corporida Statutes.  | corporation submits this statement for the paration's board of directors. I hereby acce | purpose of changing its registered<br>pt the appointment as registered |
| SIGNATURE                               | Soprative report or parceal name of registance  | is agent and title it applicable. (NOTE   | Registered Agent signature r   | equired when reinstating)   | DATE   |
| 12.                                     |   | AND DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFI   |  |
| THLF<br>NAM!                            | PD<br>Gonzalez, Felipe  | DELETE  | 1.1 TITLE<br>1.2 NAME  |   | Change Addition  |
| STREET ADDRESS                          | 16160 S W 250 ST  |   | 1.3 STREET ADDRESS   |   |  |
| CITY-ST 20                              | MIAMI FL  | United  | 1 4 CITY-ST-ZIP  |   |  |
| TITLE<br>NAME                           | STD<br>Gonzalez, Hilda  |   | 2 1 TITLE<br>2.2 NAME  | *·)   | Change Addition  |
| STREET ADDRESS ,                        | 16160S W 250 ST   |   | 2.3 STREET ADDRESS   |   |  |
| City - St - ZiP                         | MIAMI FL  |   | 2 4 CITY-ST-ZIP  |   |  |
| TIILF                                   |   | [_] DELETE  | 3.1 TITLE  |   | Change Addition  |
| NAME<br>STREET ADDRESS                  |   |   | 3.2 NAME<br>3.3 STREET ADDRESS   |   |  |
| CITY-SI-Zi2                             |   |   | 3.4 CITY-ST-ZIP  |   |  |
| 1.ht                                    |   | DELETE  | 4 1 TITLE  |   | Change Addition  |
| NAMÉ                                    |   |   | 4 2 NAME   |   |  |
| STREET ADDRESS                          |   |   | 4.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP<br>TITLE                    |   | DELETE  | 4.4 CITY - ST - ZIP<br>5.1 TITLE   |   | Change Addition  |
| NAMS i                                  |   | mad # Process   | 5.2 NAME   |   | - p band   |
| STALET ADDRESS                          |   |   | 5.3 STREET ADDRESS   |   |  |
| City St. 78°                            |   |   | 5.4 CITY-ST-ZIP  | <del></del>   |  |
| TITLE                                   |   | DELETE  | 6.1 TITLE  |   | Change Addition  |
| NAME                                    |   |   | 6.2 NAME<br>6.3 STREET ADDRESS   |   |  |
| STREET ADDRESS :<br>CITY: \$1 - Zic     |   |   | 6.3 STREET ADDRESS   |   |  |
| 14. I do here                           | by certify that fee information sur   | oplied with this filing does not qualif   | y for the exemption st   | ated in Section 119.07(3)(i), Florida Statute   | as. I further certify that the   |
| Lam an c                                | officer or director of the corporation  | or or the receiver or trustee empowed or or an all altachment with an add   | ered to execute this re  | that my signature shall frave the same leg<br>eport as required by Chapter 607, Florida | al ellect as it made direct pain; that<br>Statutes; and that my name   |

SIGNATURE:

**FILED** 

Mar 17 1997 8:00am