SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 87/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

M46922

(4)

ALL-GO CONSTRUCTION SYSTEMS, INC.

Principal Plac	e of Business	Mailing Addr	ess				
9960 SUNSE MIAMI FL 33	T DRIVE. SUITE 210 173		9360 SUNSET DRIVE. SUITE 210 MIAMI FL 33173				
						3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1987 02/22/1995	
_	Place of Business	2a . Ma⊮ing A	ddress			4. FEI Number Applied For	
Suite, Apt	# ptc	26 Suite, Apt	# 010		···-	59-2767555 Not Applicable	
22	., 0.0	27	, e.c.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	e	City & Sta	te			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zιρ	····-¬ ´		Zip Coul			8. This corporation has liability for intengible tax under s. 199 032.	
24	9. Name and Address of Curre	29	30]			Florida Statutes Yes No	
		m registered Ager	11	81	Name	10. Name and Address of New Registered Agent	
	ARCIA, JOSE M 85 SW 43RD TERR.						
	65 514 4300 TERR. AMI FL 33155			82	Street A	Address (PO. Box Number is Not Acceptable)	
1416	AIRI 1 E 30 130			83			
	•						
				84	City	FL 85 Zip Code	
office of r	to the provisions of Sections 607.05 registered agent, or both, in the Station familiar with, and accept the obli-	e of Florida. Such ch	ande was authori	zed by t	named c the corpo	corporation submits this statement for the purpose of changing its registered oration's board of oirectors. I hereby accept the appointment as registered	
SIGNATURE							
12.	Signature typi dior publico naminof registered a	ge V and title if applicable ND DIRECTORS			n' signature r	required when reinstating DATE	
TITLE	P	IND DIRECTORS		13. 1111[[8		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	GARCIA, JOSE M	larran-1	,	1.2 NAME			
STREET ADDRESS	8385 SW 43RD TERR.		!,	I.3 STREET	ADDRESS		
CITY - ST - ZIP	MIAMI FL 33155			4 CITY-S	r - ZIP		
TITLE	VP		DELETE 2	1 TITLE		Change Addition	
NAME	GARCIA, ALEX M		2	2 NAME			
STREET ADDRESS	8385 SW 43RD TERR.		. 2	3 STREET	ADDRESS		
CITY - ST - ZIP	MIAMI FL 33155			4 CITY - S	Γ-2IP		
TITLE NAME	GARCIA, JOSE 1	Ļ		1 TITLE		Change Addition	
STREET ADDRESS	8385 SW 43RD TERR.			E 2 NAME	ADDOOCCO		
CITY-ST-ZIP	MIAMI FL 33155			BBSTREET BB-CHTY-S	1		
TITLE				in Tible	1-215	Change Addition	
NAME		Em-	4	2 NAME			
STHEET ADDRESS			4	3 STREET	ADDRESS		
CITY - ST - ZiP			4	4 CHY-SI	ZIP		
TITLE			DELETE 5	1 TITLE		Change Add tion	
NAME			5	2 NAME			
STREET ADDRESS			5	3 STREET.	ADDRESS		
DITY - ST - ZIP			0.0.00	4 CITY ST	ZIP		
TITLE		Ц		1 TITLE		Change Addition	
NAME STREET ADDRESS				2 NAME			
STREET ADORESS CITY - ST - ZIP				3 STREEL			
	t. Dy certify that the information supplie	ed with this filing is ve	oluntarily furnishe	d ano d	oes not q	qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I	

4. 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 1 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:

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/86. 596-999/