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 # **M55817** **(4)**

1. Corporation Name

AMS CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
11810 S.W. 80TH ST. **227** **MIAMI FL 33183** **US**	**11810 S.W. 80 ST** **227** **MIAMI FL 33183** **US**

3. Date Incorporated or Qualified: **07/20/1987**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 7736 S.W 119 Ct.
Suite, Apt. #, etc.
22: Miami Fl
City & State
23:
Zip 24: 33183 Country 25: Dade

2a. Mailing Address
26: 7736 S.W 119 Ct
Suite, Apt. #, etc.
27:
City & State
28: Miami Fl
Zip 29: 33183 Country 30: Dade

4. FEI Number: **59-2831174** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUAREZ, MICHAEL A.
11810 SW 80TJ ST, #227
MIAMI FL 33183

10. Name and Address of New Registered Agent

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: Mattie Suarez 5-25-96
Signature, Typed or Printed Name of Registered Agent and Title, if applicable — (Note: Registered Agent's signature required when filing by mail) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SUAREZ, MICHAEL A.		1.2 NAME	
STREET ADDRESS	11810 SW 80TH ST, #227		1.3 STREET ADDRESS	7736 S.W 119 Ct
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Fl 33183
TITLE	S	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SUAREZ, MATTIE		2.2 NAME	
STREET ADDRESS	11810 S.W. 80 ST #114		2.3 STREET ADDRESS	7736 S.W 119 Ct
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl 33183
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not exempt, for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mattie Suarez 5-25-96 (305) 274-8135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #