

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAY -1 1995 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M58897 (3)

1. Corporation Name

ADV CONSTRUCTION CORPORATION

Principal Place of Business

**1844 PLEASANT DR.
P.O. BOX 14903, N.P.B. FL
JUNO FL 33408**

Mailing Address

**1844 PLEASANT DR.
P.O. BOX 14903, N.P.B. FL
JUNO FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1987

3a. Date of Last Report
05/01/1994

4. FEI Number
NOT APPLICABLE

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. 190.01,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

21. State Apt. # etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State Apt. # etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**VAZQUEZ, ALEJANDRO D.
1844 PLEASANT DR.
JUNO FL 33408**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 190.01(2) and 190.01(3), 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. The 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 law to be registered agent, Florida Statutes.

SIGNATURE

Signature of Agent or person authorized to sign for corporation

Signature of Secretary of State or authorized representative

Signature of Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	VAZQUEZ, ALEJANDRO D.
STREET ADDRESS	1844 PLEASANT DR.
CITY, ST, ZIP	NORTH PALM BEACH FL
TITLE	VT
NAME	VAZQUEZ, IRENE H.
STREET ADDRESS	1844 PLEASANT DR.
CITY, ST, ZIP	JUNO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, ST, ZIP	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. 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 Sections 190.01(2)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

Shirley C. Vazquez, Irene Vazquez
SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR

4/28/95

6100626-2011