FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N51269

(1)

AMIGOS CONSTRUCTION AND COMMUNITY DEVELOPMENT CO

RPORATION													
Principal Place of Business				Mailing Address					DAR HARAF BARA I	ORI OFFICIAL DE		eli eleli leti	
1205 SUNSET DRIVE MIAMI FL 33143				1205 SUNSET DRIVE MIAMI FL 33143-6022									
								3. Date Incorporated o 10/13/1992	r Qualified		ate of Last Re 08/14/19		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number 65-0361313	4. FEt Number Applied For 65-0361313 Not Applicable				
Suite, Apt	#. etc.		Suite, Apt. #, etc.					<u> </u>		\$8.75			
22		27	27				5. Certificate of Status	Desired		Fee Re			
City & State	9		City & State				6. Election Campaign I	inancing		\$5.00	Мау Ве		
23		28					Trust Fund Contribut	ion		Added t			
Zip	· — ·			Zıp Coui				8. This corporation has liability for intangible tax under s. 199,032			199.032,		
24	25 9. Name and Address of Curre			29 30		<u> </u>			Florida Statutes Yes No				
i	9. Name an	d Address of	Current Register	egistered Agent			10. Name and Address of New Registered Agent 81) Name						
							Harrie						
EMERSO 1005 CH			82 Street Address (P.O. Box Number is				le)						
MIAMI FI	INSET DRIVE L 33143												
						84	City			FL	85 Zip (Code	
11 Pureuant I	to the rynyision	e of Sections 6	17.0502 and 617	1508 Florida Stat	utes the	L L	a-named	corporation submits this statem	ent for the n		f changing its	s registered	
office or re	egistered ageni	t, or both, in th	e State of Florida	Such change wa	s authorize	d by	the corp	corporation submits this statem coration's board of directors. I h	ereby accep	t the app	cointment as	registered	
agent. Fai 	m familiar with,	and accept the	obligations of, S	ection 617.0503,	Fiorida Sta	itutes	3.						
SIGNATURE .	Slovet is broad or e	nucted name of record	tered agent and title if a	policable (N	OTF Paginter	nd ége	elenatura	required when reinstating)		DATE			
12.	raid rathe (Abus or)	RS AND DIRECT				x t algratore	ADDITIONS/CHANGE	S TO OFFIC		DIRECTOR	S IN 12		
TITLE	D			⋈ DELETE		44.700.0					Change	Addition	
NAME	CANGIO, MARIA					1.2 NAME		WILSON, PAULA	\ <u>`</u>				
STREET ADDRESS				1.3 \$			ADDRESS	1205 SUNSET	DK.				
CITY-ST-ZIP	MIAMI FL				1,4 (ATY-S	T- ZIP	HIAMI, FL 331	 3				
TITLE	D	*****		DELETE	2.11	ITLE		RACY.	D		☐ Change	☐ Addition	
NAME	EMERSON	, DORIS			221	NAME							
STREET ADDRESS	1205 SUN	SET DRIVE			2.3 9	STAEET	ADDRESS						
CITY-ST-ZIP	MIAMI FL				2. 4	CITY-5	ST-ZIP						
TITLE	D			DELETE	3.1 1	IITLE		Tache.		D.	Change	Addition	
NAME	OROZCO ,	CARMEN			3.2 (IAME		GONZALEZ CAR	WEN				
STREET ADDRESS	1205 SUN	set drive			3.3	STREET	ADDRESS	1205 SULFET	DE.			İ	
CITY - ST - ZIP	MIAMI FL				3.4.	CITY-S	ST-ZIP	MIAMI, FL 35	143				
TITLE				☐ DELETE	4.1]	ITLE		•			Change	Addition	
NAME					4. 2	NAME						ŀ	
STREET ADDRESS					4.3 3	STREET	ADDRESS						
CITY - ST - ZIP						CITY-S	IT-ZIP					T 1700	
TITLE				☐ DELETE		ritiE					Change	Addition	
NAME						NAME							
STREET ADDRESS					5.3 9	STREET	ADDRESS						
CITY-ST-ZIP				55,555		CITY-S	IT-ZIP		·		170	1400	
TITLE				DELETE		TITLE					L Change	Addition	
NAME						3MAP							
STREET ADDRESS					6.3 5	STREET	ADDRESS	Į.					

14. I do hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Davis M. Zmerson PEBIS MI

1-27-97

305-661-386

FILED

Mar 12 1997 8:00am

Secretary of State

Daytime Phone # 00301

(36/6) /cn=