

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tara A. Mouton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010441 (3)

1. Corporation Name

ATLANTIS CONSTRUCTION CO. OF MIAMI, INC.

Principal Place of Business:

**320 SW 133 CT.
MIAMI FL 33184**

Mailing Address:

**320 SW 133 CT.
MIAMI FL 33184**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1992

3a. Date of Last Report

08/30/1994

4. FEI Number

65-0374450

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**

6. This corporation has liability for intangible tax under s. 199.01, Florida Statutes



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, ARMANDO
320 SW 133 CT.
MIAMI FL 33184**

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 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent for Service of Process)

(Signature of Registered Agent or Registered Agent for Service of Process)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD
2. NAME	BARREDA, EDUARDO
3. STREET ADDRESS	5520 SW 147 CT.
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	VSTD
6. NAME	MARTIN, ARMANDO
7. STREET ADDRESS	320 SW 133 CT.
8. CITY, ST, ZIP	MIAMI FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I 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)(b), 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:

Armando Martin **ARMANDO MARTIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

775-0253

Telephone Number