

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 29 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020576

1. Corporation Name

C. DIAZ - CASTRO GENERAL CONTRACTING INC

Principal Place of Business

Mailing Address

240 HAMPTON LANE
KEY BISCAYNE FLA 33149

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26

4. FEI Number

65 0399265

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

23

28

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTONIO CASTRO.

240 HAMPTON LANE

KEY BISCAYNE FLA 33149

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 607.1509, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when changing registered office)

(Signature of Registered Agent required when resigning)

3/10/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT
NAME	CAROL DIAZ
STREET ADDRESS	240 Hampton Ln. Key Bisc. Fla 33149
CITY, ST, ZIP	
TITLE	TREASURER
NAME	CAROL DIAZ
STREET ADDRESS	(same as above)
CITY, ST, ZIP	
TITLE	SECRETARY
NAME	CAROL DIAZ
STREET ADDRESS	(same as above)
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	300001444598
4. CITY, ST, ZIP	-03/31/95--01020--018
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	***200.00 ***201.00
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. 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 Section 119.07(3)(k), 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 of this report, or as an attachment with an address.

SIGNATURE:

(Signature of Registered Agent required when changing registered office)

3/10/95

(205)
961-8003