SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:45

DOCUMENT # **P93000021529 (1)**

1. Corporation Name

PORTUGUES CONSTRUCTION & REMODELING, INC.

Principal Place of Business	Mailing Address
2107 SW 60TH AVE. REAR MIAMI FL 33155	2107 SW 60TH AVE. REAR MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1993
3a. Date of Last Report: 05/18/1994

2. Principal Place of Business
21: 4939 SW 129 AVE
22: Suite, Apt. #, etc.
23: City & State: Miami, FL 33175
24: Zip: FL
25: Country: DADE

2a. Mailing Address
26: 4939 SW 129 AVE
27: Suite, Apt. #, etc.
28: City & State: Miami, FL 33175
29: Zip: FL
30: Country: DADE

4. FEI Number: APPLIED FOR 65-0396402 — ☐ Applied For ☐ Not Applicable

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

6. [illegible] ☐ — **$5.00** May Be Added to Fees

8. This corporation has [illegible] Florida Statute ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANCHEZ, ALFREDO
5200 SW 8 ST
CORAL GABLES FL 33134

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 [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUIMARAES, FRANCISCO
STREET ADDRESS	2107 SW 60TH AVE. REAR 4939 SW 129 AVE
CITY-ST-ZIP	MIAMI FL MIAMI, FL 33175

13. ☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is accurately furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added, in connection with an address.

SIGNATURE: [signature] 6/29/95 (305) 229-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (395)

0960946 CP