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 JAN 24 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # **P93000024900 (1)**

1. Corporation Name
D.C. CONSTRUCTION SERVICES CORPORATION

Principal Place of Business	Mailing Address
10849 SNAPPER CREEK DRIVE MIAMI FL 33173	10849 SNAPPER CREEK DRIVE MIAMI FL 33173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/02/1993
3a. Date of Last Report: 08/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0403296 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $0.75 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DE PABLO, GALO M
10849 SNAPPER CREEK DRIVE
MIAMI FL 33173

10. Name and Address of New Registered Agent

91 Name: N/A
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City: FL 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DE PABLO, GALO M	1.2 NAME	600001388256
STREET ADDRESS	10849 SNAPPER CREEK DRIVE	1.3 STREET ADDRESS	-08/22/94--01050--003
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	****375.00 ****150.00
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	600001388256
STREET ADDRESS		3.3 STREET ADDRESS	-01/24/95--01108--001
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****50.00 *****50.00
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	* Applied overpayment of ☐ Change ☐ Addition
NAME		5.2 NAME	$150 in 94 towards the 95 A/R.
STREET ADDRESS		5.3 STREET ADDRESS	See Attached.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 on an attachment with an address.

SIGNATURE: X Galo M. de Pablo 1-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0197602 CP

(2)

D.C. CONSTRUCTION SERVICES CORP.

General Contractor
10849 Snapper Creek Drive
Miami, FL 33173
Tel: 279-1591

January 16, 1995

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

REF: D.C. CONSTRUCTION CORP.
10849 Snapper Creek Dr.
Miami, Fl 33173
#P93000024900

To Whom It May Concern:

According to your records, letter attached, our corporation has a credit of $150.00. Please credit the $150.00 and the $50.00 enclosed toward the 1995 Annual Report.

Thank you for your cooperation.

Respectfully,

Galo M. de Pablo
President

(3)

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

August 30, 1994

D.C. CONSTRUCTION SERVICES CORPORATION
10849 SNAPPER CREEK DRIVE
MIAMI, FL 33173

SUBJECT: D.C. CONSTRUCTION SERVICES CORPORATION
Ref. Number: P93000024900

Enclosed please find a copy of your 1994 annual report along with an Application for refund from the state of Florida for D.C. CONSTRUCTION SERVICES CORPORATION

Our office received your annual report with a check in the amount of $375.00. The 1994 annual report filing fee is only $225.00 and your check was in excess of that. As a result, you are entitled to a refund from the State in the amount of $150.00. **Please sign the application and return to my personal and confidential attention at the address below.**

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Vonda Hill
Annual Report Section

Letter number: 094A00039453

APPLICATION FOR REFUND FROM STATE OF FLORIDA

(4)

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

Name: D.C. Construction Services Corporation

Address: 10849 Snapper Creek Drive

Miami, FL 33173

Amount: $150.00

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim: Overpayment of Annual Report filing fees - P93000024900

Section: BCO Clerk: V.Hill Date Processed: 8/24/94

X CERTIFIED TRUE AND CORRECT this 8th day of October, 1994.

X _____
Signature

LILLIAN M GARCIA
Notary Public-State of Florida
My Commission Expires AUG 30,1995
COMM # CC135517

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: _____

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.
The amount recommended $ 150.00.

The amount requested above was originally deposited into the State Treasury. State Treasurer's Receipt # 01050/003, Dated 08/22/94.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

Statutory Authority for Collection 607.36
It is requested that payment be made from:
NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

Certified True and Correct this _____ day of _____, 19____.

Dept. of State, Div. of Corporations
Agency

_____
Authorized Signature and Title

Section 215.26 states, in part: "Application for refund as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury.

CR2E060 (12-07)