

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 30 1996 8:00 am
Secretary of State

DOCUMENT # P93000032527 (2)

1. Corporation Name

A-1 PROFESSIONAL GENERAL CONTRACTOR, INC.



Principal Place of Business

717 PONCE DE LEON BLVD.
SUITE 234
CORAL GABLES FL 33134

Mailing Address

717 PONCE DE LEON BLVD.
SUITE 234
CORAL GABLES FL 33134

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FABRE, FRANK R
717 PONCE DE LEON BLVD.
SUITE 234
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

08/18/1995

4. FEI Number

65-0408760

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

ORLANDO CABEZA

82. Street Address (P.O. Box Number is Not Acceptable)

1481 NE 105 STREET

83

84. City

MIAMI SHORES

FL

85. Zip Code

33138

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

Signature, typed or printed name of registered agent and title of applicant

(Print Name of Agent Submitting this Statement with Consent)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PSD

☐ DELETE

NAME

CABEZA, ORLANDO R

STREET ADDRESS

1481 NE 105 STREET

CITY-STATE-ZIP

MIAMI SHORES FL 33138

TITLE

S

☒ DELETE

NAME

FABRE FRANK R S

STREET ADDRESS

717 PONCE DE LEON BLVD #234

CITY-STATE-ZIP

CORAL GABLES FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

800001764348
-04/01/96--01034--003
***200.00

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; executed 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

USA

Electronic Filing #

305.895-0154

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