SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT

1996

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

APPROVED
AND
FILED
96 SEP 17 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDMENT
DOCUMENT #P93000032527

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
Same

3. Date Incorporated or Qualified: 5/3/93
3a. Date of Last Report: 3/30/96

2. Principal Place of Business
21 421 NW 32 St.
Suite, Apt #, etc. 22
City & State 23 Miami FL
Zip 24 33127 Country 25 USA

2a. Mailing Address
26 421 NW 32 St.
Suite, Apt #, etc. 27
City & State 28 Miami FL
Zip 29 33127 Country 30 USA

4. FEI Number: 65-0408760 ☐ 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

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

9. Name and Address of Current Registered Agent

ORLANDO CABEZA
1481 NE 105 St.
Miami Shores, FL 33138

10. Name and Address of New Registered Agent

81 Name: FABRE, FRANK R. S.
82 Street Address (P.O. Box Number is Not Acceptable)
83 717 Ponce de Leon Blvd., #234
84 City: Coral Gables FL 85 Zip Code: 33134

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: FRANK R. S. FABRE 9/13/96
(Signature, typed or printed name of registered agent and title if applicable) (Note: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P/D/S	☒ DELETE		11 TITLE P/D	☒ Change ☐ Addition	
NAME / STREET ADDRESS / CITY-ST-ZIP	CABEZA, ORLANDO 1481 NE 105 St. Miami, FL 33138		12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CABEZA, IRASEMA 1481 NE 105 St. Miami Shores, FL 33138	
TITLE	☐ DELETE		21 TITLE	☐ Change ☐ Addition	
NAME / STREET ADDRESS / CITY-ST-ZIP			22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		
TITLE	☐ DELETE		31 TITLE S	☒ Change ☐ Addition	
NAME / STREET ADDRESS / CITY-ST-ZIP			32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	FABRE, FRANK R. S. 717 Ponce de Leon Blvd., #234 Coral Gables, FL 33134	
TITLE	☐ DELETE		41 TITLE	☐ Change ☐ Addition	
NAME / STREET ADDRESS / CITY-ST-ZIP			42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		
TITLE	☐ DELETE		51 TITLE	☐ Change ☐ Addition	
NAME / STREET ADDRESS / CITY-ST-ZIP			52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	000001951700 -09/19/96--01063--001 *****79.00 *****79.00	
TITLE	☐ DELETE		61 TITLE	☐ Change ☐ Addition	
NAME / STREET ADDRESS / CITY-ST-ZIP			62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Secretary 9/13/96 (305) 446-3266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Frank R. S. Fabre