

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

1996 OCT 21 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND AMENDMENT
DOCUMENT # P93000032527

1. Corporation Name
A-1 PROFESSIONAL GENERAL CONTRACTOR, INC.

10/21/96 10:05:13
*****61.50 *****61.50

Principal Place of Business
421 NW 32 St.
Miami, Florida 33127

Mailing Address
Same

3. Date Incorporated or Qualified 5/3/93
3a. Date of Last Report 9/13/96

2. Principal Place of Business
2a. Mailing Address
2b. Suite, Apt. #, etc.
2c. City & State
2d. Zip
2e. Country USA

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

8. Name and Address of Current Registered Agent
FRANK R.S. FABRE
717 Ponce de Leon Blvd., #234
Coral Gables, FL 33134

9. Name and Address of New Registered Agent
91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 807.0602 and 807.1808, 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 807.0606, Florida Statutes.

SIGNATURE
Signature: typed or printed name of registered agent and the filer if applicable.

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	CABEZA, IRASEMA 1481 NE 105 St. Miami Shores, FL 33138	<input type="checkbox"/> DELETE
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	FABRE, FRANK R. S. 717 Ponce de Leon Blvd. #234 Coral Gables, FL 33134	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	FRANCO, ROBERTO 3167 W 2nd Avenue Hialeah, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(c), 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 register 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 amendment with an address.

SIGNATURE: _____ Date 10/17/96 (305) 446-3266