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

[illegible] 1995 MAY -1 PM 2:57

[illegible] SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037835 (4)**

1. Corporate Name

IZQUIERDO CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
5321 SW 90TH CT MIAMI FL 33165	5321 SW 90TH CT MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/26/1993	3a. Date of Last Report 06/07/1994
4. FEI Number 65-0421940	☐ 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/will have gross income from sources within Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IZQUIERDO, PEDRO M 5321 SW 90TH CT MIAMI FL 33165	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City **FL** 35 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	DPT	11 TITLE	☐ Change ☐ Addition
02 NAME	IZQUIERDO, PEDRO M	12 NAME	
03 STREET ADDRESS	5321 SW 90TH CT	13 STREET ADDRESS	
04 CITY ST ZIP	MIAMI FL 33165	14 CITY ST ZIP	
05 TITLE		15 TITLE	☐ Change ☐ Addition
06 NAME		16 NAME	
07 STREET ADDRESS		17 STREET ADDRESS	
08 CITY ST ZIP		18 CITY ST ZIP	
09 TITLE		19 TITLE	☐ Change ☐ Addition
10 NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY ST ZIP		22 CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I/We 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 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: [illegible] 5/ [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0170743 CP