

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000056072 (0)

1. Corporation Name

PEREZ-ALMONTE CONTRACTORS, INC.



Principal Place of Business

1340 N.E. 139 STREET
N. MIAMI FL 33161

Mailing Address

1340 N.E. 139 STREET
N. MIAMI FL 33161

2. Principal Place of Business

2a. Mailing Address

21. ~~1340~~

26.

Sube, Apt. #, etc.

Sube, Apt. #, etc.

22.

27.

City & State

City & State

23.

28.

Zip

Country

Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

PEREZ, MIGUEL ANGEL A
1340 N.E. 139 ST.
N. MIAMI FL 33161

81. Name

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

83.

84. City

FL

85. 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

Signature of Registered Agent (if changed agent, in the space below)

Signature of Agent (if changed agent, in the space below)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
PEREZ, MIGUEL-ANGEL
1340 N.E. 139 ST.
N. MIAMI FL 33161

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEREZ, LUCILA
1340 N.E. 139 ST.
N. MIAMI FL 33161

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PERULTA, VICTOR
1160 N.E. 129 ST.
N. MIAMI FL 33161

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
Change 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96 (30) 895-3040

CR2E034 (12/95)