FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000056072 (0)

PEREZ-ALMONTE CONTRACTORS, INC.

	Principal Place of Business	Mailing Address		ONITO BITTI DONIT IN DIA STRA HORI		
	1340 N.E. 139 STREET N. MIAMI FL 33161	1340 N.E. 139 STREET N. MIAMI FL 33161	DO NOT WRITE IN TH	IIS SPACE		
eren eren eren eren eren eren eren eren			3. Date Incorporated or Qualified			
	<u>.</u>		08/06/1993			
	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo		
	21	26	65-0436830	Not Applic		
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additions Fee Required		

City & State

Ζip

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9. Name and Address of Current Registered Agent PEREZ, MIGUEL ANGEL A 1340 N.E. 139 ST. N. MIAMI FL 33161

City & State

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			L	Trust Fund Contribution		A	dded to Fees	
Co	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
			10.	Name and Address of New	Registered	Agent		
	81	Name						
	82	Street Address (P.O. Box Number is Not Acceptable)						
	83							
	84	Crty			FL	85	Zip Code	
	1							

6. Election Campaign Financing

FILED

May 05 1998 8:00am

Secretary of State

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

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office or re agent. I ar	a giste red agent, or both, in the State of Flori m <mark>famili</mark> ar with, and accept the obligations o	da. Such change was at f, Section 607.0505, Floi	uthorized by the corporal rida Statutes.	tion's board of directors. I hereby a	ccept the appointment as	registerea
SIGNATURE	Signature, typod or product name of regulating ages Land tele	it soult inble (NO?)	Registered Agent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTOR	S IN 12
TITLE	PTO	DELETE	1 1 TITLE		Change	Addition
NAME	PEREZ, MIGUEL-ANGEL		1.2 NAME			
STREET ADDRESS	1340 N.E 139 ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL 33161		1.4 CITY-ST-ZIP			
TITLE	\$	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	PEREZ, LUCILA		2.2 NAME			
STREET ADDRESS	1340 N.E 139 ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL		2. 4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		Change	Addition
NAME	PERALTA, VICTOR		3.2 NAME			
STREET ADDRESS	1160 N.E. 129 ST.		3.3 STREET ADDRESS			
CITY-ST-ZIP	N, MIAMI FL		3.4. CITY-ST-ZIP			
TITLE	•	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-S1-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP	.,		
TITLE		☐ DELETE	6.1 THLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. Thereby certify that the information supplied with this filing 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 13 if changed, or in an attachment with an address.

Applied For Not Applicable \$8.75 Additional Fee Required

\$5.00 May Be