SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/1/96: $215 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 8:34

DOCUMENT # **P94000051495 (7)**

1. Corporation Name
ANM CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
613 N.E. 3RD ST. BELLE GLADE FL 33430	613 N.E. 3RD ST. BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):

4. FEI Number: 65-0508226 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):

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

9. Name and Address of Current Registered Agent

GONZALEZ, ALBERTO L
613 N.E. 3RD ST.
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	GONZALEZ, ALBERTO L	12 NAME	ALBERTO L. GONZALEZ	
STREET ADDRESS	613 N.E. 3RD ST.	13 STREET ADDRESS	613 N.E. 3RD STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	14 CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE		21 TITLE	VP	☐ Change ☒ Addition
NAME		22 NAME	JESUS GONZALEZ	
STREET ADDRESS		23 STREET ADDRESS	525 S.E. AVENUE E PLACE	
CITY-ST-ZIP		24 CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE		31 TITLE	VP	☐ Change ☒ Addition
NAME		32 NAME	NELSON RIVERO	
STREET ADDRESS		33 STREET ADDRESS	910 N.E. 20TH STREET	
CITY-ST-ZIP		34 CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE		41 TITLE	TS	☐ Change ☒ Addition
NAME		42 NAME	MARITZA A. BUENO	
STREET ADDRESS		43 STREET ADDRESS	16060 E. CORNWALL DRIVE	
CITY-ST-ZIP		44 CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: ALBERTO L. GONZALEZ 6/5/95 407/996-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063694 CP