

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Carvina B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
95 APR 28 PM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300001430633  
-05/17/95--01043--016  
DO NOT WRITE IN THESE SPACES \$200.00

DOCUMENT # **P94000064755 (9)**

1. Corporation Name  
**ALLIANCE CARPENTRY, INC.**

Principal Place of Business 1430 AVON LANE #423 NORTH LAUDERDALE FL 33068	Mailing Address 1430 AVON LANE #423 NORTH LAUDERDALE FL 33068
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3. Date Incorporated or Qualified: **09/01/1994**  
3a. Date of Last Report

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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4. EEI Number: **65-0504874**  
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

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
B1 Name: **Denise C. McDewitt Esq.**  
B2 Street Address (P.O. Box Number is Not Acceptable): **23123 STATE ROAD 7**  
B3 Suite: **Suite 350B**  
B4 City: **Ocala** State: **FL** Zip Code: **33428**

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]* DATE: **4/27/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: <b>D</b>	NAME: <b>DIAZ, ELCIMAR</b>
STREET ADDRESS: <b>1430 AVON LANE, #423</b>	CITY, ST, ZIP: <b>NORTH LAUDERDALE FL 33068</b>
TITLE: <b>D</b>	NAME: <b>DIAZ, ENOQUE</b>
STREET ADDRESS: <b>4480 N.W. 61ST ST.</b>	CITY, ST, ZIP: <b>FT LAUDERDALE FL 33319</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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, trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as indicated, or on an attachment with this report.

SIGNATURE: *[Signature]* DATE: **4/27/95**