

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 AUG 27 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000040872 (0)
Construction Services of Miami, Inc.

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

97-98

2. Principal Place of Business
2474 SW 13 Street
Miami, FL 33145

2a. Mailing Address
2474 SW 13 Street
Miami, FL 33145

21. Principal Place of Business
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

3. Date Incorporated or Qualified
5/24/1995
4. FEI Number
65-0582745
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
AmeriLawyer Chartered
343 Almeria Avenue
Coral Gables, FL 33134

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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
Maggi L. Pons
DATE
July 15/98

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5 CITY-ST-ZIP
1.6 CITY-ST-ZIP
1.7 CITY-ST-ZIP
1.8 CITY-ST-ZIP
1.9 CITY-ST-ZIP
1.10 CITY-ST-ZIP
1.11 CITY-ST-ZIP
1.12 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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 12 or Block 13 or on an attachment with an address.