

4-30-1999 3:14PM

FROM OCARIZ. GITLIN\*ZOMER 305 442

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90019 049 \*\*\*158.75

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000047631			
1. Corporation Name Alpha & Omega Construction Company, Corp.			
Principal Place of Business		Mailing Address	
8601 S.W. 129 terrace		Miami, FL 33156	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21. Same		June 19, 1995	
22. Suite, Apt. #, etc.		4. FEI Number	
23. City & State		65-0586543	
24. Zip		5. Certificate of Status Desired	
25. Country		26. Same	
27. Suite, Apt. #, etc.		27. City & State	
28. City & State		29. Zip	
30. Country		31. Name	
32. Street Address (P.O. Box Number is Not Acceptable)		33. City	
34. City		35. Zip Code	
36. State		37. Country	
38. Name and Address of Current Registered Agent		39. Name and Address of New Registered Agent	
Luz Stella Dweck		8601 S.W. 129 terrace	
Miami, FL 33156			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
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 if changed, or on an attachment with an address, with all other like empowered.			

SIGNATURE: Luz Stella Dweck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

305-252-2121

Daytime Phone