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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000051242 (2) DOCUMENT #

VISTAMAR CONSTRUCTION, INC.

Principal Place of Business Mailing Address 3685 REDDIT ROAD 3685 REDDIT ROAD ORLANDO FL 32822 ORLANDO FL 32822 3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 32378Z 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 Yes No 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PINEDA, PEDRO JOSE 82 Street Address (P.O. Box Number is Not Acceptable) 3685 REDDIT ROAD 83 ORLANDO FL 32822 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOT: Flogistered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE ☐ Change ☐ Addition 1 1 TITLE PINEDA, PEDRO J NAME 1,2 NAME **CR2E034** 3685 REDDIT ROAD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32822 CHTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2 1 11ILE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP DELETE ☐ Addition TITLE 3. 1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-2IP 3 4 CHTY - \$1 - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 2IP DELETE THILE 6.1 TITLE Change ☐ Addition NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-S1-ZIP 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 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver of fustee er powered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: \* ON PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

appears in Block 12 or Block 13 if change

3/18/96 407-273-4434

(12/95)