

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080325 (0)

1. Corporation Name

ALLIED CONSTRUCTORS GROUP, INC.



Principal Place of Business

Mailing Address

2727 SOUTHWEST 22 AVENUE
COCONUT GROVE FL 33133

POST OFFICE BOX 143077
CORAL GABLES FL 33114-3077

3. Date Incorporated or Qualified

10/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0614635

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Michael Grillo

82 Street Address (P.O. Box Number is Not Acceptable)

2727 SW 22nd AVENUE

83

84 City

Coconut Grove

FL

85 Zip Code

33133

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

Michael Grillo
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when resigning.)

2.15.96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GRILLO, MICHAEL A	
STREET ADDRESS	2727 SOUTHWEST 22 AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	V	☐ DELETE
NAME	SALLES, JAIME	
STREET ADDRESS	2727 SOUTHWEST 22 AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	S	☒ DELETE
NAME	HERNANDEZ, FRANK	
STREET ADDRESS	2727 SOUTHWEST 22 AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	T	☐ DELETE
NAME	GRILLO, MICHAEL A	
STREET ADDRESS	2727 SOUTHWEST 22 AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	Charlie Robinson
33 STREET ADDRESS	2190 Nova Village Drive
34 CITY-ST-ZIP	DAVIE, FL 33317
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	600001897486
63 STREET ADDRESS	-07/18/96--01013--016
64 CITY-ST-ZIP	***238.75

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Michael Grillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.14.96

CR2E034 (3/96)