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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
2727 SOUTHWEST 22 AVENUE
COCONUT GROVE FL 33133

Mailing Address
POST OFFICE BOX 143077
CORAL GABLES FL 33114-3077

3. Date Incorporated or Qualified
10/19/1995

3a. Date of Last Report
07/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 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

GRILLO, MICHAEL
2727 SOUTHWEST 22 AVENUE
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 type of the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRILLO, MICHAEL A
STREET ADDRESS 2727 SOUTHWEST 22 AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ DELETE

TITLE V
NAME SALLES, JAIME
STREET ADDRESS 2727 SOUTHWEST 22 AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ DELETE

TITLE S
NAME ROLLINSON, CHARLIE
STREET ADDRESS 2190 NOVA VILLAGE DRIVE
CITY-ST-ZIP DAVIE FL 33317 ☒ DELETE

TITLE T
NAME GRILLO, MICHAEL A
STREET ADDRESS 2727 SOUTHWEST 22 AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME S Michael Grillo
3.3 STREET ADDRESS 2727 SW 22 AVENUE
3.4 CITY-ST-ZIP COCONUT GROVE, FL. 33133

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 its 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 is attached to an attachment with an address.

SIGNATURE:

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

1.15.97 305.461.4805
Date Daytime Phone #

CR2E034 (9/96)