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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mårtham 🕨

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500080325 (0)
ALLIED CONSTRUCTORS GROUP, INC.

**FILED** Mar 26 1998 8:00am Secretary of State

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Principal Place	e of Business	M				<b>\</b>			
	VEST 22 AVENUE		POST OFFICE BOX 143077						
COCONUT GROVE FL 33133		С	CORAL GABLES FL 33114-3077			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						10/19/1995			
2. Principal Pl	lace of Business	2a.	. Mailing Address			4. FEI Number		Ap	plied For
21 4141	NE 2nd AVE	26				65-0614635		No	t Applicable
Suite, Apt. 108	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	K	\$8.75 A	
City & State	9		City & State			6. Election Campaign Financing		\$5.00	May Be
23 Miami	i. Fl.	28				Trust Fund Contribution		Added t	
Zip	Country		Zip	Count	ту	8. This corporation owes or has p	aid the cur	rrent year Int	angible
24 33133	7 25 USA	29		30		Personal Property Tax due Jun			No No
	9. Name and Address of	of Current Regis	stered Agent		<del>,</del>	10. Name and Address of New R	egistered	Agent	
GRI	ILLO, MICHAEL			8	Name				
	7 SOUTHWEST 22 AVE	NUE		8	Street Add	dress (P.O. Box Number is Not Accepta	ible)		
	<b>CONUT GROVE FL 3313</b>								
				8	3				
				8	4 City		FL	85 Zip (	Code
11 Pursuant I	to the provisions of Sections	607 0502 and 6	07 1508 Florida Statu	tes the abo	/e-named.cor	rooration submits this statement for the		f changing its	s registered
office or re	egistered agent, or both, in	the State of Flori	da. Such change was	authorized	y the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the app	cointment as	registered
agent, i ar	<b>m tamiliar with, and accept i</b>	the obligations of							
		J	i, 6661611 951 10565, 1	ionoa siaioi	36.				
SIGNATURE									
SIGNATURE	Signature, typed or printed name of re	gistered agent and little	if applicable (NO	TE: Registered A		uired when reinstating)	DATE	DIRECTOR	S IN 12
SIGNATURE	Signature, typed or printed name of re		if applicable (NO		gent signatura requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTOR	S IN 12
SIGNATURE	Signature, typed or printed name of re OFFIC	gistered agent and little	if applicable (NO	TE: Registered A	gent signatura requ	ADDITIONS/CHANGES TO OFFI	DATE	DIRECTOR	
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Block 12 or Block 13 if change

SIGNATURE: