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Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90024 010 ****158.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P95000080325

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GRILLO, MICHAEL
2727 SOUTHWEST 22 AVENUE
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified

10/19/1995

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 owes the current year Intangible
Personal Property Tax.



Yes

No

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 Michael Grillo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1.22.99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

TITLE S
NAME MICHAEL GRILLO
STREET ADDRESS 2727 SW 22 AVENUE
CITY-ST-ZIP COCONUT GROVE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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:

Michael Grillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.22.99

Date

305.438.1648

Daytime Phone #

CR2E034 (11/98)