FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P95000089481 (2) ALL IN CONSTRUCTION, CORP. Principal Place of Business Mailing Address 5896 S.W. 17TH ST. 5896 S.W. 17TH ST. MIAMI FL 33155-2121 MIAMI FL 33155 3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0631822 26 Not Applicable 21 Suite, Apl. #, ctc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired X Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes You 29 30 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SISTO, JESUS 5896 S.W. 17TH ST. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 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 per two came of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 (96/6)PSTD DELETE Change Addition 1.1 TITLE HILE SISTO, JESUS 1.2 NAME NAME 5898 S.W. 17TH ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33155 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change X Addition 2.1 TITLE THUE Pedro Luis Loper 11249 SM 34H Lone MAN 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS Miami Fl. 39165 2 4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CHY-ST ZIE 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition 4 2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS CITY: ST-ZIE 4.4 CITY - ST-ZIP Change Addition DELETE HILE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-S1-7-P Addition DELETE Change THE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-ZiP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this fiting 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 purporation or the received of movement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or B

FILED

May 02 1997 8:00am