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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1998 8:00am

Secretary of State

(407)895-1786

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000091078 (2)

Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ilsy Vargos

CONSTRUCTORA VAFER, INC.

Principal Place of Business Mailing Address **1810 WELTIN STREET 1810 WELTIN STREET** ORLANDO FL 32803 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/30/1995 2. Principal Place of Business 4. FEI Numbe 2a. Mailing Address Applied For 59-3368708 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent VARGAS, ALFONSO C Street Address P.O. Box Number is Not Acceptable) **1922 CANTON STREET** ORLANDO FL 32803 1810 Weltin Street Zip Code 32803 85 Octando 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME VARGAS, ALFONSO C 1.2 NAME 1810 WELTIN STREET STREET ADDRESS 1.3 STREET ADORESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME VARGAS, KILSY J 2 2 NAME STREET ADORESS **1810 WELTIN STREET** 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY ST ZIP DELETE 6 1 TITLE Change ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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

Kilsy Vargas