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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 06 1997 8:00am Secretary of State

DOCUMENT #	P96000028464	(1)
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ARUBA CONSTRUCTION CORP.

Principal Place	e of Business	Mailing Ad	Idress Theast 7th Avi	FNIIF			
OAKLAND PAR			PARK FL 33334-				
						3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1996	
	ace of Business	——— ·	Address	• • • • • • • • • • • • • • • • • • • •		4. FFI Number Applied For	$\equiv$
21   Suite, Apt. :	# etc	26   Suite. <i>F</i>	Apt. #, etc.	<del></del>	<del></del>	\$8.75 Additional	ole
22	, O.O.	27	φε. <i>π</i> , <b>σε</b> σ.			5. Certificate of Status Desired Fee Required	
City & State	9	City &	State			6. Election Campaign Financing \$5.00 May Be	$\neg$
<b>23</b> ] Zip	Country	28 Zip		Country	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution LJ Added to Fees	$\dashv$
24	25	29	ļ.	30 \		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Curre					10. Name and Address of New Registered Agent	
AME	ERILAWYER CHARTERED			3/ 81	Name T	oseph G. Florea	
	ALMERIA AVENUE		4	82	Street Addre	ress (P.O. Box Number is Not Acceptable)	$\dashv$
COF	VAL GABLES FL 33194			9/3/=	486	0 N = 7 /+ve	
				83			
•			C	g (84	City	Kland PK FL 85 Zip Code 33334	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508	. Florida Statule	s, the above	e-named corp		ed l
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl.	te of Florida Such	n change was a	uthorized by rida Statutes	the corporati	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registered	1
SIGNATURE	- west &	10	the				
12.		gent and title if approach ND DIRECTORS	le (NOTE	Hegistered Age	ni signature require	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_ ,
TITLE	PSTD OFFICERS A	IND DIRECTORS	DELETE	1.1 TITLE		Change Addit	ion
NAME	FLOREA, JOSEPH G		•	1.2 NAME			
STREET ADDRESS	4860 NORTHEAST 7TH AVE	NUE		1.3 STREET	ADDRESS	•	
filly-sr-zip	OAKLAND PARK FL 33334			1.4 CLTY-5	T-21P	1	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET	ADDRESS		- [
CITY-ST-ZIP				2 4 CITY-	ST - ZIP	Change Addi	lion
TITLE			DELETE	31 TITLE		∐ Change ☐ Addi	ויטו.
NAME				32 NAME			
STREET ADDRESS				33 STREET			
CITY-\$1-ZIF			DELETE	3.4. C(TY-	ST-ZIP	Change Addi	lion
TITLE			☐ DELETE	4.1 TITLE 4.2 NAME			
NAME					ADDRESS		
STREE1 ADDRESS				4.4 CITY-	1		-
CITY - ST - ZIP	[13]	<del> </del>	DELETE	5.1 TITLE	., .,	Change Addi	tion
TIPLE .	,			5.2 NAME			
NAME STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	)			5.4 CITY-	ST-ZIP		
TITLE			DELETE	6.1 TITLE		Change	tion
NAME				6.2 NAME			ļ
STHEET ADDRESS				6.3 STREE	T ADDRESS		
0011 07 310				6.4 CITY-	ST-ZIP	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
14. I do here informati	by certify that the information support indicated on this annual report of officer or director of the corporation in Block 12 or Block 13 if changes	or supplemental at nor the receiver of	nnuai report is t r trustee embow	rue and act vered to exe	emption state urate and that cute this repo	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the at my signature shall have the same legal effect as if made under oath; ort as required by Chapter 607, Florida Statutes; and that my name	that

SIGNATURE:

LURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

Daytime Phone #