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

PROFIT CORPORATION **ANNUAL REPORT**

1998

Block 12 or Block 13 i



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000047568 (6) DOCUMENT

A 2 J CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address 20809 S.W. 234TH ST. HOMESTEAD FL 33031

FILED Apr 15 1998 8:00am Secretary of State



20809 SW 234 ST HOMESTEAD FL 33031 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0687576 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intamable 25 29 30 ☐ Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HERNANDEZ, ALVIS C 81 Name 20809 S.W. 234TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33031 83 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TITLE DELETE 1.1 TITLE Change ☐ Addition HERNANDEZ, ALVIS C NAME 1.2 NAME 20809 S.W. 234TH ST. STREET ADDRESS 1.3 STREET ADDRESS HOMESTEAD FL 33031 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition HERNANDEZ, JUDYTH NAME 2.2 NAME 20809 S.W. 234TH ST. STREET ADDRESS 2.3 STREET ADDRESS HOMESTEAD FL 33031 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITI F 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 THILE ☐ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing toes 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 of 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

neo

th an address.