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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000047568**1. Corporation Name

A 2 J CONSTRUCTION CORPORATION

Principal Place	e of Business	Mailing Address			e (mb)(ma) (fm (b)(m b)(s) ma)(Adita katsı odsir e	1861 (\$301 \$1110	
20809 S.W. 234	•	20809 SW 234 ST						
HOMESTEAD FL 33031		HOMESTEAD FL 33031						
	•	us			DO NOT W	RITE IN THIS	SPACE	
	,				3. Date Incorporated or Qualife	ed	•	
					06/05/1996			
2. Principal Pl	lace of Business	2a. Mailing Address	-		4FEI Number	•	. Ap	plied For
21		26			65-068 <u>75</u> 76		No.	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 ₽	
22		27			C. Schmado o Salas Bookes		Fee Re	quired
City & State	te .	City & State			6. Election Campaign Financin	g n	\$5.00	May Be
23	·	28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the c	urrent year Inta		_/
24	25	29 30	0		Personal Property Tax.		□Yes	☑ No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of Nev	v Registered /	Agent	·
	NAMES ALIGO		81	Name				
HERNANDEZ, ALVIS C			82	Street Ad	dress (P.O. Box Number is Not Acce	ptable)		
20809 S.W. 234TH ST.						· ·		
HOM	MESTEAD FL 33031		83					
			0.4	0.1			85 Zip (- Codo
		_	84	City		FL	85 Zip C	Joue
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Etorida Statutes,	, the above	e-named co	rporation submits this statement for t	ne purpose of	changing its	registered
	maning and a second land hage in the Cools.	Acres 14 Complete the company of the			tion's board of directors. I boroby ac-	cent the annoir	itment as rec	nistered I
office or r	registered agent/or both, in the State	or Florida, Such change was autr	nonzed by	the corpora	mon's board of directors. Thereby acc	John and Oppon	,	9.010.00
	and the state of the	of Florida, edich change was autrations of, Section 607-0505, Florida	a Statutes	the corpora	tition's board of directors. I hereby ac	4/261	Ga 1	giotores
SIGNATURE	1 steen V	X		the corpora	ired when reinstating)	4/26/	99'	
SIGNATURE	Silpatore, typed or printed name of registery agen	X		the corpora	. <u> </u>	4/36/ DATE	99	
SIGNATURE	Silpatore, typed or printed name of registery agen	nt and title if applicable. (NOTE: Re	egistered Agen	the corpora	ired when reinstating)	4/36/ DATE	99	
SIGNATURE 12. TITLE	Silablero, types or printed name of registery lage OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Agen	the corpora	ired when reinstating)	4/36/ DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Silabero, types of printed name of register ege OFFICERS AN PO HERNANDEZ, ALVIS C	nt and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	the corpora	ired when reinstating)	4/36/ DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of register age OFFICERS AN PD HERNANDEZ, ALVIS C 20809 S.W. 234TH ST.	nt and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET	the corpora	ired when reinstating)	4/36/ DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD HERNANDEZ, ALVIS C 20809 S.W. 234TH ST. HOMESTEAD FL 33031	nt and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	the corpora	ired when reinstating)	4/36/ DATE	D DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD HERNANDEZ, ALVIS C 20809 S.W. 234TH ST. HOMESTEAD FL 33031 SD HERNANDEZ, JUDYTH 20809 S.W. 234TH ST. HOMESTEAD FL 33031	INT and title if a fall below. (NOTE: Re ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP	ired when reinstating)	4/36/ DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
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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 empoyered 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90007 011 ***150.00

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