

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000058155 (8)

1. Corporation Name

G & A CLASSIC BUILDERS CORP.

Principal Place of Business

C/O NICHOLAS FERNANDEZ, P.A.
2655 LE JEUNE ROAD, PH-1D
CORAL GABLES FL 33134

Mailing Address

C/O NICHOLAS FERNANDEZ, P.A.
2655 LE JEUNE ROAD, PH-1D
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1996

4. FEI Number

65-0682618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 C/O Marquez & Fernandez, PA

Suite, Apt. #, etc.

22 # 548

City & State

23 Miami, FL

Zip

24 33126

Country

2a. Mailing Address

26 782 NW Le Jeune Road

Suite, Apt. #, etc.

27 # 548

City & State

28 Miami, FL

Zip

29 33126

Country

30

9. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
2655 LEJEUNE ROAD
PH-1D
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Esquire Corporate Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

782 NW Le Jeune Road # 548

83

84 City

Miami

FL

85 Zip Code

33126

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]
Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PS
POU, ANTONIO J
STREET ADDRESS 10502 N.W. 134TH STREET
CITY- ST- ZIP HIALEAH GARDENS FL 33016

TITLE ☐ DELETE

NAME T
POU, GABRIEL A
STREET ADDRESS 10502 N.W. 134TH STREET
CITY- ST- ZIP HIALEAH GARDENS FL 33016

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 empowered 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.

SIGNATURE:

4/20/98

819-5010

CR2E034 (10/97)