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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE

DOCUMENT # P9600061816 (0)

ALAMO CONSTRUCTION, INC.

Principal Place of Business Mailing Address					t anterman tife ifteren dratt mutet Attite aufer	-1 88118 8119 1 11891 1611	TI BERT BILL SAGE
504 PINTO CIRCLE 504 PINTO CIRCLE WELLINGTON FL 33414-7858			359				
					3. Date Incorporated or Qualified 07/19/1996	Sa. Date of La	ast Report
2. Principal P	ace of Business	2a. Mailing Address	,		4. FEI Number	L.	Applied For
21		26		65-0683271		Not Applicable	
Suite, Apt # etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 7	75 Additional se Required	
City & State	D	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip 24	Couritry 25	Z(p)	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
11	9. Name and Address of Curren		1	·	10. Name and Address of New Re	gistered Agent	
SMY	THE, MARTHA		8	Name		***************************************	
, 504 PINTO CIRCLE WELLINGTON FL 33414			8:	82 Street Address (P.O. Box Number is Not Acceptable)			
,,,,,,	LINGTON I C 35414		8:	3			
}			8	4 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statut	es, the abo	ve-named o	corporation submits this statement for the p	urpose of changi	ing its registered
office or r	egistered agent, or both, in the State m famil ar with, and accept the obtoa	of Florida. Such change was a tions of Section 607.0505. Flo	authorized I orida Statuti	by the corpo	pration's board of directors. I hereby accep	ot the appointmen	nt as registered
SIGNATURE							
SIGNATURE	Signature, typical or printed name of registered ages	nt and title if applicable (NOT	E Registered A	gent signature /	equired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		7,000,000
THLE	PD	DELETE 1.		- [☐ Cha	inge 🔲 Addition
NAME	mas sarda, Juan J		1,2 NAME				
STREET ADDRESS	504 PINTO CIRCLE		1.3 STREET ADDRESS				
CITY+S1 ZIF	WELLINGTON FL 33414		1.4 CITY-ST-ZIP				
TITLE	\$TD	☐ DELETE	2 1 TITLE			☐ Cha	ange Addition
NAME	ALVAREZ, ORENTINO (BUD)		2.2 NAME				
STREET ADDRESS	504 PINTO CIRCLE		23 STRE	ET ADORESS			
CITY-ST-7#	WELLINGTON FL 33414		2 4 CITY	- S7 - ZIP			
TITLE		☐ DELETE	3 1 TITLE	ŀ		Cha	inge 🔲 Addilion
NAME			32 NAM				
STREET ADDRESS			33STAE	ET ADDRESS			
CITY-ST-ZiP			3 4. CITY	-ST-ZIP			
TITLE		☐ DELE1€	4.1 1111.8			Cha	ange L Addition
NAME			4. 2 NAM	E			
STREET ADORESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP		77.77.11.11.11.11.11.11.11.11.11.11.11.1	4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Cha	ange Addition
NAME			5.2 NAM	£			
STREET ADDRESS			5.3 STRE	ET ADDRESS			i
CCTY+S1-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	7		☐ Cha	ange 🔲 Addition
NAMē			6.2 NAM	.			
STREET ADDRESS			6.3 STRE	et address			

CITY-S1-ZIP

14. I do 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 on Block 13 if changes or on an attachment with an address.