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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



DOCUMENT # P96000065874 (5)

1. Corporation Name

A&E BUILDERS, INC.

Principal Place of Business

1414 N W 107 AVE
SUITE 114
MIAMI FL 33172
US

Mailing Address

1414 N W 107 AVE
SUITE 114
MIAMI FL 33172
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2732 S W 137 th AVE	26 2732 S W 137 th AVE
22 Suite, Apt. #, etc. MIAMI, FL 33175	27 Suite, Apt. #, etc.
23 City & State MIAMI, FLORIDA	28 City & State MIAMI, FLORIDA
24 Zip 33175	29 Zip 33175
Country MIAMI-DADE	Country MIAMI-DADE

3. Date Incorporated or Qualified

08/07/1996

4. FEI Number

65-0684698

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
OCTAVIO C. AMBROGI
82 Street Address (P.O. Box Number is Not Acceptable)
5357 W 24 CT
83
84 City
HIALEAH FL 85 Zip Code
33016

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/98

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	CAJINA, MARCO A
STREET ADDRESS	15530 S W 146 ST
CITY-ST-ZIP	MIAMI FL
TITLE	T
NAME	AMBRDGI, OCTAVIO C
STREET ADDRESS	5357 W 24 CT
CITY-ST-ZIP	HIALEAH FL
TITLE	S
NAME	ARANA, ROBERTO
STREET ADDRESS	11613 S W 124 CT
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	ALEARO, ROBERTO D
STREET ADDRESS	435 S W 95 CT
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	T
2.2 NAME	TREASURY
2.3 STREET ADDRESS	OCTAVIO C. AMBROGI
2.4 CITY-ST-ZIP	5357 W 24 CT HIALEAH, FL 33016
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VP
4.2 NAME	P (VICE PRESIDENT)
4.3 STREET ADDRESS	ROBERTO D. ALFARO
4.4 CITY-ST-ZIP	435 S W 95 CT MIAMI FL 33
5.1 TITLE	P
5.2 NAME	PRESIDENT
5.3 STREET ADDRESS	RAFAEL CORDOBA
5.4 CITY-ST-ZIP	5461 S W 144 AVE MIAMI FL 33175
6.1 TITLE	S
6.2 NAME	SECRETARY
6.3 STREET ADDRESS	RAFAEL A. ZUNIGA
6.4 CITY-ST-ZIP	11502 S W 127 CT MIAMI, FL 33183

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: RAFAEL CORDOBA 4/20/98 (305) 813 8588

CR2E034 (10/97)