

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90194 029 \*\*\*158.75

DOCUMENT # P96000065874

1. Corporation Name  
A&E BUILDERS, INC.



Principal Place of Business

2132 S W 137TH AVENUE  
SUITE 114  
MIAMI FL 33175  
US

Mailing Address

2732 S W 137TH AVENUE  
SUITE 114  
MIAMI FL 33175  
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10514 WEST FLAGLER

Suite, Apt. #, etc. ST.

22 MIAMI, FLORIDA

City & State

23 33174 MIAMI DOD

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

AMBROGI, OCTAVIO C  
5357 W 24TH COURT  
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME AMBROGI, OCTAVIO C  
STREET ADDRESS 5457 WEST 24TH COURT  
CITY-STATE-ZIP HIALEAH FL 33016

VP ☐ DELETE

NAME ALFARO, ROBERTO D  
STREET ADDRESS 435 S W 95TH CT  
CITY-STATE-ZIP MIAMI FL

P ☐ DELETE

NAME CORDOBA, RAFAEL  
STREET ADDRESS 5461 S W 144TH AVENUE  
CITY-STATE-ZIP MIAMI FL 33175

S ☐ DELETE

NAME ZUNIGA, RAFAEL A  
STREET ADDRESS 11502 S W 127TH CT  
CITY-STATE-ZIP MIAMI FL 33183

☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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, with all other like empowered.

SIGNATURE:

OCTAVIO AMBROGI - TREASURER

4/21/99 (305) 485-8999

CR2E034 (11/98)