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

**PROFIT CORPORATION ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P97000070920 (8)

AL'S CAPRI CONSTRUCTION CORP.

## **FILED** May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5223 S.W. 92ND AVENUE 5223 S.W. 92ND AVENUE MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 5W 92 AU. <u>650773269</u> 26 5223 SW 92 AU. 21 5223 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired MiAmi MiAMI Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 3 3165 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BEJARANO, ALFONSO A 5223 S.W. 92ND AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33165 83 84 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) Signature, typied or printed name of registernic agest and life if applicable DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OLLICERS AND DIRECTORS 13. Addition DELETÉ ☐ Change TITLE 1.1 DILE BEJARANO, ALFONSO A NAME 1.2 NAME 5223 S.W. 92ND AVENUE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3 1 TITLE ☐ Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY-S1-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6 1 1DLE 6.2 NAME NAME 6.3 STREET ADDRESS 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.

04/19/98

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