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 # P97000073972 (6)

V.J. CONSTRUCTION SERVICES, INC.

Principal Place of Business

Mailing Address

495 N.E. 91ST STREET MIAMI SHORES FL 33138

495 N.E. 91ST STREET MIAMI SHORES FL 33138

FILED Jun 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 9545 NE 2ND 9545 NE 59-2095916 Not Applicable Suite, Apt #, etc \$8.75 Additional Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing HORES, FL AORES. Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA 25 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LITHMAN, ROBERT P 2250 S.W. 3RD AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 FIFTH FLOOR 83 **MIAMI FL 33129** 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 Londa. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signaturn, typed or purified name of registered agent and the ef applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELLITE TITLE 1.1 THE Change Addition IMBURGIA, VINCENT J NAME 1.2 NAME 495 N.E. 91ST STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI SHORES FL 33138 CITY-ST-ZIF 1.4 CITY - ST - ZIP DELFTE TITLE 2.1 TITLE ☐ Change ☐ Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY - \$1 - ZIP DELETE TITLE 4 1 THLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELFTE TITLE Change 517003 Addition | NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZiP DELETE 6.1 TITLE ___ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 around 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 13 if chapter 607 on an attachment with an address.