

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S69772** (9)  
1. Corporation Name  
**ATLANTIC DEMOLITION CONTRACTORS, INC.**



Principal Place of Business: **7331 CORAL WAY SUITE 245 MIAMI FL 33155**  
Mailing Address: **7331 CORAL WAY SUITE 245 MIAMI FL 33155-1471**

3. Date Incorporated or Qualified: **07/24/1991**  
3a. Date of Last Report: **04/03/1996**

2. Principal Place of Business (21-24):  
2a. Mailing Address (26-29):  
City & State (22-23):  
Zip (24-25): Country (29-30)

4. FEI Number: **65-0288038**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**AGUILERA, OMAR  
7331 CORAL WAY, #245  
MIAMI FL 33155**

10. Name and Address of New Registered Agent:  
81 Name: **OSCAR R. AGUILERA**  
82 Street Address (P.O. Box Number is Not Acceptable): **7331 CORAL WAY #245**  
83  
84 City: **MIAMI** FL 85 Zip Code: **33155**

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]* **OSCAR AGUILERA** DATE: **4-30-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AGUILERA, OMAR G	
STREET ADDRESS	7331 CORAL WAY #245	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AGUILERA, OSCAR R	
STREET ADDRESS	7331 CORAL WAY #245	
CITY - ST - ZIP	MIAMI FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	AGUILERA, MARIA	
STREET ADDRESS	7331 CORAL WAY #245	
CITY - ST - ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DELLIS, DEAN	
STREET ADDRESS	7331 CORAL WAY #245	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **OSCAR AGUILERA** DATE: **4-30-97** DAYTIME PHONE: **305 266-2034**

CRE034 (9/96)