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

CITY-ST-ZIP

Jun 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S69772 (9) ATLANTIC DEMOLITION CONTRACTORS, INC. Principal Place of Business Mailing Address 7331 CORAL WAY 7331 CORAL WAY SUITE 245 SUITE 245 DO NOT WRITE IN THIS SPACE MIAMI FL 33155 MIAMI FL 33155 3. Date Incorporated or Qualified 07/24/1991 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0288038 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country ·Country This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AGUILERA, OSCAR R 7331 CORAL WAY, #245 62 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 84 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 the State of Florida. Such change was authorized by the corporation's hoard of directors. I hereby accept the appointment as registered agent. I am familiar with the directors of objections of continuous continuous or objections. SIGNATURE Signature type d ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. SDT DFLETE Change Addition TITLE 1.1 TOTAL President AGUILERA, MARIA 1.2 NAME NAME Aguilera, Oscar 7331 CORAL WAY #245 1.3 STREET ADDRESS STREET ADDRESS 7331 Coral Way MIAMI FL CITY-ST-ZIP 1.4 CHY-ST-ZIP Micui FC DELETE Change Addition 2.1 TITLE TITL F **DELLIS, DEAN** 2.2 NAME NAME 7331 CORAL WAY #245 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CHY-ST-ZIP Change DELETE Addition TITLE 31 TITLE 3.2 NAM(NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-7IP CITY-ST-ZIP 90002546959 -06/04/98-01007--035 ***150.00 TITLE DELETE 4.1 TITLE ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELFTE Change 5.1 TITLE ☐ Addition TITEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1-ZIP ☐ DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 Statules. I further certify that the information indicated on files annual report or suppliemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or only any chiment with an address.

FILED