FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Jan 14 1997 8:00am
Secretary of State

DOCUMENT # **V03245**   (0)

1. Corporation Name

ALJOMA SERVICES, INC.

‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖

Principal Place of Business	Mailing Address
C/O ALJOMA LUMBER INC P O BOX 52-0697 MIAMI FL 33152	C/O ALJOMA LUMBER INC P O BOX 52-0697 MIAMI FL 33152-0697

3. Date Incorporated or Qualified	3a. Date of Last Report
12/31/1991	01/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0307259	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
LAMAS, JOSE A C/O ALJOMA LUMBER, INC 10300 NW 121 WAY MEDLEY FL 33178	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	FERNANDEZ, ALBERTO V.		1.2 NAME		
STREET ADDRESS	10300 NW 121 WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MEDLEY FL		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	FLINN, DAVID L.		2.2 NAME		
STREET ADDRESS	10300 NW 121 WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	MEDLEY FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	LAMAS, JOSE A.		3.2 NAME		
STREET ADDRESS	10300 NW 121 WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MEDLEY FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.