FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 21 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48419** **(8)**

1. Corporation Name
JAHO CONSTRUCTION CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1036 MILAN AVENUE CORAL GABLES FL 33134	1036 MILAN AVENUE CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **06/29/1992**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business
21: 1020 Sorolla Ave
22: Suite, Apt. #, etc.
23: City & State: Coral Gables, FL
24: Zip: 33134
25: County: DADE

2a. Mailing Address
26: 1020 Sorolla Ave
27: Suite, Apt. #, etc.
28: City & State: Coral Gables FL
29: Zip: 33134
30: County: DADE

4. FEI Number: **65-0342942** ☐ 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	10. Name and Address of New Registered Agent
ALVARIDO, HENRY 1036 MILAN AVENUE CORAL GABLES FL 33134	81 Name: HENRY ALVARIDO 82 Street Address (P.O. Box Number is Not Acceptable): 83: 1020 Sorolla Ave 84 City: Coral Gables FL 85 Zip Code: 33134

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: HENRY ALVARIDO — DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	ALVARIDO, JOSEFINA	12 NAME	
STREET ADDRESS	1341 SORROLLA AVE	13 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL 33134	14 CITY ST ZIP	
TITLE	P	21 TITLE	P ☒ Change ☐ Addition
NAME	ALVARIDO, HENRY	22 NAME	HENRY ALVARIDO
STREET ADDRESS	1036 MILAN AVENUE	23 STREET ADDRESS	1020 SOROLLA AVE
CITY ST ZIP	CORAL GABLES FL 33134	24 CITY ST ZIP	CORAL GABLES, FL 33134
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	300001521223
STREET ADDRESS		33 STREET ADDRESS	-06/23/95--01001--024
CITY ST ZIP		34 CITY ST ZIP	****225.00 ****225.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: HENRY ALVARIDO — (305) 443-0915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140606 CP