

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:05

DOCUMENT # V63177 (2)

1. Corporation Name

ALP CONTRACTORS, INC.

Principal Place of Business

160 NW 176TH ST.
MIAMI FL 33169

Mailing Address

160 NW 176TH ST.
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/11/1992

3a. Date of Last Report
01/25/1994

4. FEI Number
65-0355325

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. 109.032,
Florida Statutes ☒ Yes ☐ No

21. Principal Place of Business
18800 N.W. 2nd Ave

2a. Mailing Address
18800 N.W. 2nd Ave

22. Suite, Apt., etc.
Suite # 219-A

27. Suite, Apt., etc.
Suite # 219-A

23. City & State
Miami, FLA.

28. City & State
Miami, FLA.

24. Zip
33169

25. Country
U.S.A.

29. Zip
33169

30. Country
U.S.A.

9. Name and Address of Current Registered Agent

RUBIN, MICHAEL A.
420 SO. DIXIE HWY, SUITE 4B
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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 of Agent or person authorized to sign on behalf of the corporation)

(Signature of Agent or person authorized to sign on behalf of the corporation)

DATE

12. OFFICERS AND DIRECTORS

12.1	DP	AXELROD, BRIAN
12.2	NAME	160 NW 176TH ST.
12.3	STREET ADDRESS	MIAMI FL
12.4	CITY, ST, ZIP	
12.5	DV	LEATHER, MARTIN
12.6	NAME	160 NW 176TH ST.
12.7	STREET ADDRESS	MIAMI FL
12.8	CITY, ST, ZIP	
12.9	DV	PEREZ, GEORGE
12.10	NAME	160 NW 176TH ST.
12.11	STREET ADDRESS	MIAMI FL
12.12	CITY, ST, ZIP	
12.13	DST	BERWICK, PAT
12.14	NAME	160 NW 176TH ST.
12.15	STREET ADDRESS	MIAMI FL
12.16	CITY, ST, ZIP	
12.17		
12.18		
12.19		
12.20		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N/A)

13.1	1. TITLE	P-S-V-D	☒ Change ☒ Addition
13.2	2. NAME	CLARENCE HERRINGTON	
13.3	3. STREET ADDRESS	14825 N.W. 16th DRIVE	
13.4	4. CITY, ST, ZIP	MIAMI, FLA. 33167	
13.5	5. TITLE	V-T-D	☒ Change ☐ Addition
13.6	6. NAME	BRIAN AXELROD	
13.7	7. STREET ADDRESS	15701 Surrey Circle	
13.8	8. CITY, ST, ZIP	DALIA, FLA. 33331	
13.9	9. TITLE		☐ Change ☐ Addition
13.10	10. NAME		
13.11	11. STREET ADDRESS		
13.12	12. CITY, ST, ZIP		
13.13	13. TITLE		☐ Change ☐ Addition
13.14	14. NAME		
13.15	15. STREET ADDRESS		
13.16	16. CITY, ST, ZIP		
13.17	17. TITLE		☐ Change ☐ Addition
13.18	18. NAME		
13.19	19. STREET ADDRESS		
13.20	20. CITY, ST, ZIP		

14. I hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information submitted on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made personally by the officer or director of the corporation or officer 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 of this document. I am duly qualified with an address.

SIGNATURE:

Brian Axelrod
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-95

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PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE \$200.00

**ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is \$200.00

- Block 1 Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.
- Block 2 Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.
- Block 2a If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.
- Block 3 Enter the date of incorporation or qualification with this office if Block 3 is blank.
- Block 3a Enter the file date of the last filed annual report, if applicable.
- Block 4 Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking in the appropriate box. If "applied for" is preprinted in Block 4, you must now provide the FEI number. For assistance with FEI numbers, call IRS at 1-800-829-1040.
- Block 5 Should you desire a certificate reflecting your corporation's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee.
- Block 6 Florida law allow... \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members r... check the box in Block 6.
- Block 8 Check the app... Dept. of Revenue by calling 1-800-352-3671.
- Block 9 The law req... If the computer entry in Block 9 is incorrect, enter the correct information in Block 10.
- Block 10 Enter nam... THE COP... service is NOT acceptable for service of process.
- Block 11 The ne... and this appointment by completing and... corporation, the person signing must state...
- Block 12 Blo... corrections or additions are to be made in...
- Block 13 B... legible. Use the following type symbols on the... person holds more than one position, enter all... E: If officer or director's address is confidential... at addresses. If there is no street address, enter...
- Block 14 This report m... in Block 12, Block 13 m... A signature placed on an attachm... Treasurer or Director of the Corporation that is listed... ceiver, it must be signed by the trustee or receiver.

NOTE:
MARTIN LIEFER
George Perez
PAT Bernick
Are no longer with The Company.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

respondence to this address:

Division...
Post Office Box...
Tallahassee, Florida 32314
Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.