FILE NOW: FILING FEE AFTER MAY 1 IS ~~$225.00~~ 61.25 (Amendment Fee)

AMENDED CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 29 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # V63177

1. Corporation Name
ALP CONTRACTORS, INC

Principal Place of Business
18800 NW 2 AVE
Suite # 219-A
Miami, FL 33169

Mailing Address

2. Principal Place of Business: 21 | Suite, Apt #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address: 26 | Suite, Apt #, etc. 27 | City & State 28 | Zip 29 | Country 30

3. Date Incorporated or Qualified: 9-11-92
3a. Date of Last Report: 3-14-95
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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Michael A. Rubin
420 So Dixie Highway, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P, S, D
NAME	Clarence Herrington
STREET ADDRESS	18800 N.W. 2 AVE, Suite #219A
CITY-ST-ZIP	Miami, FL 33169
TITLE	VP, T, D
NAME	Brian Axelrod
STREET ADDRESS	18800 NW 2 AVE, Suite #219A
CITY-ST-ZIP	Miami, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	3/29/95 NB	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished [...] 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 [...] 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: X Clarence L. Herrington — 3/23/95 — (305) 651-7141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR [DIRECTOR] — Date — Daytime Phone #