FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # V63177 (2)

1. Corporation Name

ALP CONTRACTORS, INC.

Principal Place of Business	Mailing Address
~~18800 NW 2ND AVE~~ ~~STE 219A~~ ~~MIAMI FL 33169~~ ~~US~~	~~18800 NW 2ND AVE~~ ~~STE 219A~~ ~~MIAMI FL 33169~~ ~~US~~

3. Date Incorporated or Qualified: 09/11/1992
3a. Date of Last Report: 03/14/1995

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

2. Principal Place of Business	2a. Mailing Address
21 160 N.W. 176 ST	26 160 N.W. 176 ST
22 Suite, Apt. #, etc. 200-D	27 Suite, Apt. #, etc. 200-D
23 City & State Miami, FL	28 City & State Miami, FL
24 Zip 33169-5023 25 Country USA	29 Zip 33169-5023 30 Country USA

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 _____ 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	PSD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HERRINGTON, CLARENCE		1.2 NAME		
STREET ADDRESS	14825 NW 16TH DR. SUITE 219-A		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE	P, VP, S, T & D	☒ Change ☐ Addition
NAME	AXELROD, BRIAN		2.2 NAME		
STREET ADDRESS	~~15901 SURREY CIR~~		2.3 STREET ADDRESS	160 N.W. 176 STREET, #200-D	
CITY-ST-ZIP	~~DAVIE FL~~		2.4 CITY-ST-ZIP	Miami, FL 33169-5023	
TITLE	DST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERWICK, PAT		3.2 NAME		
STREET ADDRESS	160 NW 176TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI 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	700001836287	
STREET ADDRESS			5.3 STREET ADDRESS	-05/23/96--01016--013	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00	
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		

5-1-96 OK

CR2E034 (12/95)

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)(k), 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: X _____ 4/29/96 (305) 651-7141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #