

**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**

**FILED**

**1995 JUL 20 AM 10:18**

**STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # V64268**

**(8)**

**1. Corporation Name**

**AMRON CONSTRUCTION, CORP.**

**Principal Place of Business**

**Mailing Address**

**4711 S.W. 2ND TERRACE  
MIAMI FL 33134**

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MIAMI FL 33134**

**DO NOT WRITE IN THIS SPACE**

**3. Date Incorporated or Qualified**

**09/16/1992**

**3a. Date of Last Report**

**07/21/1994**

**4. FEI Number**

**65-0357184**

**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**

**26**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**22**

**27**

**City & State**

**City & State**

**23**

**28**

**Zip**

**Zip**

**Country**

**24**

**25**

**Country**

**29**

**Zip**

**30**

**Country**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CORTES, MARCELO  
4711 S.W. 2ND TERRACE  
MIAMI FL 33134**

**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

DATE Registered Agent registers (registered when registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                       |                              |
|-----------------------|------------------------------|
| <b>TITLE</b>          | <b>D</b>                     |
| <b>NAME</b>           | <b>CORTES, MARCELO</b>       |
| <b>STREET ADDRESS</b> | <b>4711 S.W. 2ND TERRACE</b> |
| <b>CITY, ST, ZIP</b>  | <b>MIAMI FL</b>              |
| <b>TITLE</b>          |                              |
| <b>NAME</b>           |                              |
| <b>STREET ADDRESS</b> |                              |
| <b>CITY, ST, ZIP</b>  |                              |
| <b>TITLE</b>          |                              |
| <b>NAME</b>           |                              |
| <b>STREET ADDRESS</b> |                              |
| <b>CITY, ST, ZIP</b>  |                              |
| <b>TITLE</b>          |                              |
| <b>NAME</b>           |                              |
| <b>STREET ADDRESS</b> |                              |
| <b>CITY, ST, ZIP</b>  |                              |
| <b>TITLE</b>          |                              |
| <b>NAME</b>           |                              |
| <b>STREET ADDRESS</b> |                              |
| <b>CITY, ST, ZIP</b>  |                              |

|                            |                                                                   |
|----------------------------|-------------------------------------------------------------------|
| <b>1.1 TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>1.2 NAME</b>            |                                                                   |
| <b>1.3 STREET ADDRESS</b>  |                                                                   |
| <b>1.4 CITY - ST - ZIP</b> |                                                                   |
| <b>2.1 TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>2.2 NAME</b>            |                                                                   |
| <b>2.3 STREET ADDRESS</b>  |                                                                   |
| <b>2.4 CITY - ST - ZIP</b> |                                                                   |
| <b>3.1 TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>3.2 NAME</b>            |                                                                   |
| <b>3.3 STREET ADDRESS</b>  |                                                                   |
| <b>3.4 CITY - ST - ZIP</b> |                                                                   |
| <b>4.1 TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>4.2 NAME</b>            |                                                                   |
| <b>4.3 STREET ADDRESS</b>  |                                                                   |
| <b>4.4 CITY - ST - ZIP</b> |                                                                   |
| <b>5.1 TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>5.2 NAME</b>            |                                                                   |
| <b>5.3 STREET ADDRESS</b>  |                                                                   |
| <b>5.4 CITY - ST - ZIP</b> |                                                                   |
| <b>6.1 TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>6.2 NAME</b>            |                                                                   |
| <b>6.3 STREET ADDRESS</b>  |                                                                   |
| <b>6.4 CITY - ST - ZIP</b> |                                                                   |

**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 110.07(3)(b), 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 as an attachment with an address.**

**SIGNATURE:**

**MARCELO CORTES**

**5/8/95 4:15 PM**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR