## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 396199 1. Corporation Name

CAWY CONSTRUCTION CORP.

		<u> </u>			<u> </u>		EN DISK IDEK
Principal Place	e of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
100 ALMERIA AVENUE		100 ALMERIA AVENUE					
SUITE 300		SUITE 300		DO NOT WRITE IN THIS SPACE			
CORAL GABLES FL 33134		CORAL GABLES FL 33134		3. Date Incorporated or Qualifed			
					02/21/1972		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			59-1467806	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		. "~	- 0 " 4 (O) 1 Desired	\$8.75 AG	dditional
22		27			5. Certifcate of Status Desired	Fee Req	uired
City & State	e	City & State			6. Election Campaign Financing	¬ \$5.00 N	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current	year Intangible	
24	25	29	30		Personal Property Tax.	X Yes [	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent	
				81 Name			
MAC	HADO, NESTOR J.			00 644 0-4	trace (D.O. Berry Number in Not Appentable		
100 ALMERIA AVE., SUITE 300 CORAL GABLES FL 33134				82 Street Add	dress (P.O. Box Number is Not Acceptable	"	
				83		Frank Park	1. 1.
				84 City		FI 85 Zip C	ode
11 Durayant	to the provisings of Sections 607 0502	and 607 1508 Florida Sta	tutes the a	ove-named cor	poration submits this statement for the pur	pose of changing its r	eaistered
office or o	egistered agent, or both, in the State o	f Florida. Such change wa	s authorized	by the corporat	tion's board of directors. I hereby accept th	ne appointment as reg	istered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505,	Florida Stati	ites.			
SIGNATURE			OTC: D :- 1 1	A	red when reinstating)	DATE :	
40	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent signature requi	ADDITIONS/CHANGES TO OFFIC		RS IN 12
12.	PD OFFICERS AND	DELETE			ADDITIONO/OF WATGED TO GITTIO		
TITLE	-					☐ Change	Addition
NAME	MACHADO, NESTOR J					☐ Change	Addition
STREET ADDRESS	AGG ALLEDIA AVE. OUTT GGG		1.2 NA	ME		☐ Change	☐ Addition
	100 ALMERIA AVE., SUITE 300		1.2 NA 1.3 ST	ME REET ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP	100 ALMERIA AVE., SUITE 300 CORAL GABLES FL 33134		1.2 NA 1.3 ST 1.4 CE	ME REET ADDRESS TY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	1.2 NA 1.3 ST 1.4 CC 2.1 TIT	ME REET ADDRESS IY-ST-ZIP		☐ Change	Addition
		☐ DELETE	1.2 NA 1.3 ST 1.4 CC 2.1 TT 2.2 NA	ME REET ADDRESS TY-ST-ZIP LE ME			
TITLE		☐ DELETE	1.2 NA 1.3 ST 1.4 CC 2.1 TT 2.2 NA	ME REET ADDRESS IY-ST-ZIP			
TITLE. NAME			1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C	ME REET ADDRESS TY-ST-ZIP LE ME		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			1.2 NA 1.3 ST 1.4 Cf 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE		☐ Change	☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ DELETE	1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2. 4 C 3.1 TI 3.2 NA 3.3 ST 3.4 C	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE		☐ Change	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ DELETE	1.2 NA 1.3 ST 1.4 Cf 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 Cf 5.1 TT 5.2 NA 5.3 ST	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS Y-ST-ZIP LE AME REET ADDRESS Y-ST-ZIP LE AME	2	☐ Change	Addition Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	CORAL GABLES FL 33134	☐ DELETE	1.2 NA 1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA 5.3 ST 5.4 CC	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE WHE REET ADDRESS Y-ST-ZIP LE WHE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		☐ Change	Addition Addition

14. Hereby certify that the information supplied with this filing 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1-26-99

Daytime Phone #

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90021 027 \*\*\*150.00