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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

## **FILED** Feb 02 1998 8:00am Secretary of State

	1998		DIVISION OF CORPORATIONS				Secretary	OI D	tate	
	MENT # 634 CONSTRUCTION CO	1774 RP.	(4)				4 100/10 0/100 4/10 4/10 4/00 4/00 4/00	Ali Bibit điđii d	NAMI BIBIS NBBA	
Principal Place of Business Mailing Address								911 91911 31411 3	1911 91911 1991	
7600 W 20TI 213	H AVE.		7600 W 20TH AVE. 213							
HIALEAH FL	33016	HIA	HIALEAH FL 33016 US				DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualified 09/04/1979					
2. Principal F	Place of Business	2a. M	lailing Address				4. FEI Number	1	Applied For	
21		26					59-1948217		Not Applicable	
Suite, Apt.	. #, etc.	<del></del>	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22 City & Stat	7a		City & State				A Franks Consider Figure 1		Required	
23	io.	28	<b>⊢</b> ′				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Z:	p	Co	untry		8. This corporation owes or has paid the c			
24	25	29		30			Personal Property Tax due June 30.	☐ Yes .	No	
	g, Name and Address of	Current Register	ed Agent		1		10. Name and Address of New Registered	Agent		
	ELGADO, RENAN E.				81	Name				
7600 WEST 20TH AVENUE SUITE 213					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33016					83			<del>.</del>		
1111	ALCATT L GOVE									
					84	City	FI	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections	607.0502 and 607.	1508, Florida Statu	tes, the	above	-named cor	rooration submits this statement for the purpose	of changing	its registered	
office or r agent. I a	registered agent, or both, in the am familiar with, and accept the	ne State of Florida. ne obligations of, S	Such change was ection 607.0505, Fi	authoriza Iorida Sta	ed by atutes	the corpora	ation's board of directors. I hereby accept the ap	pointment a	s registered	
SIGNATURE									ł	
	Signature, typed or printed name of regi					nt signature requ	uired when reinstating) DATE			
12.	I PD	ERS AND DIRECTO	DELETE	13.	TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change		
NAME	DELGADO, RENAN E.				NAME	ĺ		C. C. C. C.		
STREET ADDRESS	7600 W. 20TH AVE.,	F213		1		ADDRESS			]:	
CITY-ST-ZIP	HIALEAH FL				CITY-ST					
TITLE	V		DELETE	21	TITLE			☐ Change	☐ Addition	
NAME	DELGADO, ALEIDA			221	NAME				į	
STREET ADDRESS	7600 W. 20TH AVE., 4	213		2.3	STREET	ADDRESS				
_CITY-\$T-ZIP	HIALEAH FL 33016		DELETE		CITY-S	T-ZIP		Channe	Addition	
title Name	DELGADO, ANTONIO		m occur		TITLE NAME			L.] Change	☐ Addition	
STREET ADDRESS	7600 W. 20TH AVE., 4	¥213.				ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33016				CITY - S					
TITLE	<del></del>		DELETE		ITLE			Change	Addition	
NAME				4. 2	NAME					
STREET ADDRESS				4.3 3	STAEET	address			1	
CITY-ST-ZIP	<del></del>		T occupie	_	ITY-ST	- <b>Z</b> IP		110		
TITLE			☐ DELETE		ITLE			L Change	☐ Addition	
NAME CTREET ADDRESS					NAME STOCET (	loporee				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE		ITY-ST	- 4IF		Change	Addition	
NAME			_		NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			·		HY-ST					
14. I hereby of Indicated	certify that the information sup on this annual report or supp	plied with this filing lemental annual re	g does not quality to port is true and acc	or the ex curate ar	empti	ion stated in t my signati	n Section 119.07(3)(i), Florida Statutes. I further our ure shall have the same legal effect as if made u	ertify that th nder oath; th	e Information nat I am an	

office or director of the corporation or the receiver of 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 attactment with an address.