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Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90024 016 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H73100

1. Corporation Name

SKAF CONSTRUCTION, INC.

Principal Place of Business

444 BRICKELL AVENUE
SUITE 1020
MIAMI FL 33131

Mailing Address

444 BRICKELL AVENUE
SUITE 1020
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1985

4. FEI Number

59-2570215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SKAF, JACQUELINE
444 BRICKELL AVE
SUITE 1020
MIAMI FL 33131

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 PTD ☐ DELETE

NAME SKAF, SOUHEIL
STREET ADDRESS 6300 RIVIERA DRIVE
CITY-ST-ZIP CORAL GABLES FL

TITLE SV ☐ DELETE

NAME SKAF, JACQUELINE
STREET ADDRESS 6300 RIVIERA DRIVE
CITY-ST-ZIP CORAL GABLES FL

TITLE V ☐ DELETE

NAME KLOMAN, PAUL
STREET ADDRESS 479 WILDWOOD LANE AVE
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE V ☐ DELETE

NAME GHOSN, ANTOINE
STREET ADDRESS 6760 SW 130TH TERRACE
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME GALANTER, ELLIOTT
STREET ADDRESS 379 POINCIANA ISL. DR.
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jacqueline SKAF 1/8/99 305-371-4050
Date Daytime Phone #

CR2E034 (11/98)