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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

EASTERN	CONTRACTORS CORP.	

## **FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7152 NW 50 ST. 7152 NW 50 ST.	11211 B1011 B1011 B1011 B1011 ID D1
MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN TH	IS SPACE
3. Date Incorporated or Qualified	
04/21/1989	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
26 65-0122937	Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing 28 Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the	current year Intangible
24         25         29         30         Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	ed Agent
PLANAS, JUAN E.   81   Name	
7152 NW 50 ST.  MIAMI FL 33166  82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	of changing its registered appointment as registered
SIGNATURE	
Signature, typed or printed name of regulatored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS A	
TITLE DPS DELETE 1.1 TITLE	☐ Change ☐ Addition
NAME PLANAS, JUAN 1.2 NAME	
STREET ADDRESS 7152 NW 50 ST. 1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP	
TITLE P DELETE 2.1 TITLE	Change Addition
NAME PLANAS, LUIS 2.2 NAME	
STREET ADDRESS 7152 N.W. 50 STREET 23 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME 32 NAME	-
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 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 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
	Change Addition
TITLE DELETE 6.1 TITLE	Change Thyrodition i
TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME	Change C Abdition
	Change L Abdition

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 receipts or trusted empowered to execute this report as required by Chapter, 607, Florida Statutes; and that my name appears in