

PROFIT CORPORATION ANNUAL RÉPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 29, 1999 8:00 am Secretary of State 03-29-1999 90019 020 \*\*\*150.00

1. Corporation	MENT # M34771				
	ONSTRUCTION CORPORATION	ON			
D-100 00					
Principal Place	e of Business	Mailing Address			
8561 S.W. 5 ST		8561 S.W. 5 ST.			
MIAM) FL 3314	4	MIAMI FL 33144	•	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				07/07/1986	
2. Principal P	lace of Business	2a. Malling Address		4. FEI Number	Applied For
21		26		59-2689942	\$8.75 Additional
Suite, Apt	#, etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5,00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country .	8. This corporation owes the current year Int	
24	25	29 3	0	Personal Property Tax.	XYes No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
VACC	), JOEL		oi name		
	1 S.W. 5 ST.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	MI FL 33144		83		
					'
	,		84 City	· FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose of	changing its registered
office of f	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	lons of Section 607.0505, Florid	a Statutes.	out a position of directors. I have by secopit and appear	
			<b></b>		
SIGNATURE	· · · ·		·		
SIGNATURE	Signature, typed or printed name of registered agent	t and title it applicable. (NOTE: R	Pluper erutenge knept benetage	od when reinstating) DATE	
SIGNATURE	· · · ·	t and title it applicable. (NOTE: R	·		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	i and title it applicable. (NOTE: R	egistered Agent signature require  13.	od when reinstating) DATE	
SIGNATURE 12. TITLE	Signature, typed or privated name of registered agent OFFICERS ANI P VIGO, JOEL	i and title it applicable. (NOTE: R	ogistered Apent trigneture require 13. 1.1 TITLE	od when reinstating) DATE	
SIGNATURE 12. TITLE NAME	Signature, typed or privated name of registered agent OFFICERS ANI P VIGO, JOEL	i and little if applicable. (NOTE: R D DIRECTORS	ogistered Agent trigneture require 13. 1.1 TITLE 1.2 NAME	od when reinstating) DATE	ND DIRECTORS IN 12   66   1   1   1   1   1   1   1   1
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or privated name of regularized agent OFFICERS ANI P VIGO, JOEL 8561 S.W. 5 ST.	i and title it applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	od when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- 57-ZIP	P VIGO, JOEL 8561 S.W. 5 ST. MIAMI FL 33144 TS VIGO, MARIA	i and little if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	od when reinstating) DATE	ND DIRECTORS IN 12   66   1   1   1   1   1   1   1   1
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P VIGO, JOEL 8561 S.W. 5 ST. MIAMI FL 33144 TS VIGO, MARIA 8561 S.W. 5 ST.	i and little if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	od when reinstating) DATE	ND DIRECTORS IN 12   66   1   1   1   1   1   1   1   1
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	P VIGO, JOEL 8561 S.W. 5 ST. MIAMI FL 33144 TS VIGO, MARIA	I and libe if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	od when reinstating) DATE	ND DIRECTORS IN 12   66   1   1   1   1   1   1   1   1
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- 57- ZIP TITLE NAME STREET ADDRESS CITY- 51- ZIP TITLE	P VIGO, JOEL 8561 S.W. 5 ST. MIAMI FL 33144 TS VIGO, MARIA 8561 S.W. 5 ST.	i and little if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12   Change
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- 57- 2IP TITLE NAME STREET ADDRESS CITY- 51- 2IP TITLE HAME HAME HAME	P VIGO, JOEL 8561 S.W. 5 ST. MIAMI FL 33144 TS VIGO, MARIA 8561 S.W. 5 ST.	I and libe if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12   Change
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE	Signature, typed or privated name of registered agent OFFICERS ANI P VIGO, JOEL 8561 S.W. 5 ST. MIAMI FL 33144 TS VIGO, MARIA_ 8561 S.W. 5 ST. MIAMI FL 33144	I and title if applicable. (NOTE: R D DIRECTORS DELETÉ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.5 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
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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 informational 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.

GNATURE:

SI	GN	ATI	JRE