Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90040 046 ***150.00

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 # P95000028502

1. Corporation Name

BUILDER	S TITLE COMPANY						
Principal Place of Business Mailing Address 11410 N. KENDALL DR. 14260 SW 119 AVE. #207 MIAMI FL 33186 MIAMI FL 33176						DO NOT WRITE IN THIS SPACE	
	ace of Business N. Kendall Dr.	2a. Mailing Address 26 Suite, Apt. #, etc.				3. Date Incorporated or Qualifed 04/11/1995 4. FEI Number	-
City & State	uite#210	City & State				Certificate of Status Desired Fee Required Fee Required Status Desired Fee Required Status Desired Fee Required Status Desired Fee Required Status Desired Fee Required Added to Fees	- - -
Zip Country 24 33176 25 USA 9. Name and Address of Current			Count 30	try		8. This corporation owes the current year Intangible Personal Property Tax. Yes 10. Name and Address of New Registered Agent	4
		I Kedistered Adam	8	31	Name	10.	7
MARTINEZ, CARLOS E 14260 SW 119 AVE.			ε	32	Street Addre	ess (P.O. Box Number is Not Acceptable)	┪
MIAMI FL 33186			8	83			\dashv
			<u> </u>	34	City	FL 85 Zip Code	\dashv
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida, Such change was au itions of, Section 607.0505, Flor	ithorized t ida Statut	oy ti es.	ne corporatio	oration submits this statement for the purpose of changing its registered on s board of directors. I hereby accept the appointment as registered divided when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OFFICERS AN	DELETE	13.	 E		Change ☐ Addition	ກ
NAME STREET ADDRESS	MARTINEZ, CARLOS E 14260 S.W. 119TH AVE.		1.2 NAM	ΝE	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP		-ZIP	☐ Change ☐ Additio	╗
NAME STREET ADDRESS	GIL, AGUSTO 9360 SUNSET DRIVE SUITE 291			2.2 NAME 2.3 STREET ADDRESS			1
CITY-ST-ZIP TITLE	D DELETE		3.1 TITL	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		☐ Change ☐ Addition	nc
NAME STREET ADDRESS. CITY-ST-ZIP	901 S.W. 69TH AVENUE MIAMI FL 33144		3.3 STR	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
NAME	4.2		4, 2 NAM	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition	מנ
STREET ADDRESS CITY-ST-ZIP			4.4 CITY				
TITLE NAME		☐ DELETE	5.1 TiTL 5.2 NAM 5.3 STR	ŧΕ	ADDRESS	☐ Change ☐ Addition) nc
STREET ADDRESS CITY-ST-ZIP			5.4 C/TY		1		
TITLE		☐ DELETE	6.1 TITL			☐ Change ☐ Addition	n
NAME			6.2 NAM				
STREET ADDRESS			6.3 STR	EET/	ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR