


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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90006 049 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000095214

1. Corporation Name
S&D CONSTRUCTION CORP.

| | |
|---|---|
| Principal Place of Business 848 BRICKELL AVENUE SUITE 810 MIAMI FL 33131 | Mailing Address 848 BRICKELL AVENUE SUITE 810 MIAMI FL 33131 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/21/1996 | |
| 4. FEI Number 65-0726772 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | D'AGOSTINO, FRANCO | |
| STREET ADDRESS | 848 BRICKELL AVENUE STE 810 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SIMON, NICOLAS | |
| STREET ADDRESS | 848 BRICKELL AVENUE STE 810 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SIMON, LEONARDO | |
| STREET ADDRESS | 848 BRICKELL AVE STE 810 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | D'AGOSTINO, LUIS | |
| STREET ADDRESS | 848 BRICKELL AVE STE 810 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VPT | <input type="checkbox"/> DELETE |
| NAME | LAMAR, LUIS | |
| STREET ADDRESS | 848 BRICKELL AVE STE 810 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | GRANCUZ, GREGORY R | |
| STREET ADDRESS | 848 BRICKELL AVE STE 810 | |
| CITY-ST-ZIP | MIAMI FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Gregory R. Granruz* REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

330-99 (305) 577-8333
 Date Daytime Phone #

CR2E034 (1/98)