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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700060676

GLOBAL CONSTRUCTION GROUP, INC.

Principal Place of Business Mailing Address								i iodiiodi jih istit lodii delit delit	48 111 83118 81	.351 WINTER WITH 18)E18 E101 1881
10900 SW 97 AVE		10900 SW 97 AVE				ļ					
MIAMI FL 33176		MIAMI FL 33176				DO NOT WRITE IN THIS SPACE					
							- Doto	Incorporated or Qualifed	: IN THIS	SPACE	
							ļ 0 .	11/1997			
5			Apilina Addrosa				4. FEI I			Anr	olied For
	ace of Business	1	Mailing Address				1	LIED FOR		<u> </u>	Applicable
21	# 010	26	Suite, Apt. #, etc.							\$8.75 A	
Suite, Apt.	#, etc.	27	oute, Apr. #, etc.				5. Certi	fcate of Status Desired		Fee Rec	
City & State	<u> </u>		City & State				& Flect	ion Campaign Financing		\$5.00 6	May Be
─ , ′	,	28	Sity & C1212				1	Fund Contribution		Added to	· 1
23 Zip	Country			Cou	ntry			corporation owes the currer	nt vear Inta	naible	
24	25	29	· .	30	•		•	onal Property Tax.	,		□No
	9. Name and Address of Curre			<u> </u>				e and Address of New Re	gistered A	gent	
					81	Name					
CON	TRERAS, DAVID				00	<u> </u>	• dd (D.O. D	Alumbar is Alat Assantah			
10900 SW 97 AVE					82	Street A	Address (P.U. b	dress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33176					83						
					Ш					T1 6	
					84	City			FL	85 Zip C	.ode
44 Pursuant	to the provisions of Sections 607.050	02 and 607	7.1508. Florida Statute	s. the a	bove	-named	corporation sub	mits this statement for the p	urpose of o	changing its	registered
office or re	egistered agent or both in the State	e of Florida.	. Such change was at	uthonzec	ו עם ו	the corbo	oration's board o	f directors. I hereby accept	the appoin	tment as reg	jistered
agent. I ai	m familiar with, and accept the obliga	ations of, S	section 607.0505, Fior	ida Stati	utes.						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if a	onlicable (NOTE:	Registered	Agent	signature re	equired when reinstati	na)	DATE	 	
12.	OFFICERS A			13.	-			TIONS/CHANGES TO OFFI	CERS ANI	DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1,1 Ti	ΠE		SECRET	PRY		Change	Addition
NAME	CONTRERAS, DAVID			1.2 N	ME		MIRIAM	CONTRER	4.2		1
STREET ADDRESS	10900 SW 97 AVE			- 6	осст	ADDRESS		/1////			
CITY-ST-ZIP	MIAMI FL 33176			1.3 \$1	KEE		10900	S.W. 47 AVEN	UE		1
TITLE						-ZIP	10900 H14H1	S.W. 97 AVEN FL. 33176	UE		
	D	<u></u>	☐ DELETE		TY-ST	-ZIP	10900 H14H1	FL. 33176	UE.	☐ Change	☐ Addition
NAME	D Contreras, Gilbert		☐ DELETE	1.4 CI	TY-ST TLE	-ZIP	10900 H14H1	FL. 33176	UE.	Change	Addition
NAME STREET ADDRESS	CONTRERAS, GILBERT		☐ DELETE	1.4 CI 2.1 TI 2.2 NA	TY-ST TLE AME	-ZIP ADDRESS	HIAMI	FL. 33176	UE.	Change	Addition
STREET ADDRESS	CONTRERAS, GILBERT 10900 SW 97 AVE	<u>.</u>	DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 S1	TY-ST TLE AME TREET	address	HIAMI	FL. 33/76	·	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	CONTRERAS, GILBERT		☐ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 S1	TY-ST TLE AME TREET	address	HIAMI	FL. 33176	·	☐ Change	☐ Addition
STREET ADDRESS CITY+ST-ZIP TITLE	CONTRERAS, GILBERT 10900 SW 97 AVE			1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C	TY-ST TLE AME TREET ITY-S'	address	HIAMI	FL. 33176	·	i g arar z-	
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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 of 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, prompt attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

305-274-7774

FILED Mar 26, 1999 8:00 am Secretary of State

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