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Feb 02, 1999 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-02-1999 90012 004 ***158.75

DOCUMENT # P97000098823

1. Corporation Name
CONSTRUCTORA LIMONAR, INC.



Principal Place of Business: 260 CRANDON BLVD, SUITE 26C, KEY BISCAIYNE FL 33149
 Mailing Address: 260 CRANDON BLVD, SUITE 26C, KEY BISCAIYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1997
 4. FEI Number: 65-0794663
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORDOBA, MARIA C
 260 CRANDON BLVD #26
 KEY BISCAIYNE FL 33149

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: FL 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: *Maria Cecilia Cordoba Good* MARIA CECILIA CORDOBA GOOD 1/7/99 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PS
 NAME: CORDOBA, ALFONSO
 STREET ADDRESS: 260 CRANDON BLVD STE 26C
 CITY-ST-ZIP: KEY BISCAIYNE FL 33149
 [] DELETE
 TITLE: VT
 NAME: CORDOBA GOOD, MARIA C
 STREET ADDRESS: 260 CRANDON BLVD STE 26C
 CITY-ST-ZIP: KEY BISCAIYNE FL 33149
 [] DELETE
 TITLE: [] DELETE
 NAME: [] DELETE
 STREET ADDRESS: [] DELETE
 CITY-ST-ZIP: [] DELETE
 TITLE: [] DELETE
 NAME: [] DELETE
 STREET ADDRESS: [] DELETE
 CITY-ST-ZIP: [] DELETE

1.1 TITLE [] Change [] Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE [] Change [] Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE [] Change [] Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE [] Change [] Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE [] Change [] Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE [] Change [] 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: *Maria Cecilia Cordoba Good* 1/6/1999 305-361-9800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)