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	# V	64	634
Compretion Name	•	U 1	

MAINLAND CONSTRUCTION COMPANY

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90013 009 ***150.00



Principal Place	pal Place of Business Mailing Address			1	(1894 BILDIN BILLI BIBLE BILES LILIA DIELI	71811 8181	IL BIEN MINN	E BIEIL GIBLI II				
,	910 S.W. 134TH AVE. 1910 S.W. 134TH AVE.		1									
MIAMI FL 33175												
							Ļ	DO NOT WRITE IN Date Incorporated or Qualifed	THIS	PACE		
							3.	09/14/1992				
<u> </u>	al Place of Business 2a. Mailing Address		1	FEI Number			Applied For					
_	ace of Business	2a. 26			"	65-0357131		- -	Not Applica			
Suite, Apt.	# etc	26	Suite, Apt. #, etc.				+	_			Additiona	
— · · ·	m, etc.	27					5.	Certifcate of Status Desired			Required	
22 City & State	e	- 	City & State				6.	Election Campaign Financing		\$5.0	0 May Be	
23		28					"	Trust Fund Contribution			d to Fees	
Zip	Country	1	Zip Country			8.	This corporation owes the current ye	ar Intai	ngible			
24	25	29	30	i]				Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Current	Regis	tered Agent	\Box			10.	Name and Address of New Regist	ered A	gent		
	NICT 1005			18	31	Name						
	DUEZ, JOSE			8	32	Street Addre	ss (F	P.O. Box Number is Not Acceptable)				
i	S.W. 134TH AVENUE			L								
MIAN	AI FL 33175			8	33							}
				8	34	City				85 Zip	p Code	_
									FĻ		14	
11, Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 60	07.1508, Florida Statutes, la. Such change was auth	the abo	ove- bv t	-named corpo he comoration	ratio n's b	in submits this statement for the purpo oard of directors. I hereby accept the	se of c appoint	nanging i tment as	registered	90
agent. I a	m familiar with, and accept the obligat	ions of,	Section 607.0505, Florida	a Statut	es.	.,,,					-	
SIGNATURE												
*****	Signature, typed or printed name of registered agent				gent	signature required		reinstating) DA ADDITIONS/CHANGES TO OFFICER		DIRECT	TOPS IN 1	
12.	OFFICERS ANI	שאוט ט	DELETE	13.	F			ADDITIONS/CHANGES TO OFFICE		Change		
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NAME				6.2 NAM	Æ							1
STREET ADDRESS	}			6.3 STR	EET	ADDRESS						
JINGEL ADDINESS						ļ						

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 eport 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 justee 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.