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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 342806



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90012 011 \*\*\*155.00

ROLINDO	O CONSTRUCT	ION CORPORAT	TION								
Principal Place of Business			Mailing Address				-   1 (MB(MB \title if \text{if \tin \text{if \texi	·# \$(*) <b>4(8)</b> ( <b>4</b> )		,,e() <b>419</b> () <b>188</b> )	
2927 S W 23RC	D ST		2927 S W 23RD ST					- ; .			
6 UNITS APT BLDG			MIAMI FL 33145				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33145							3. Date Incorporated or Qualifed				
US							03/11/1969				
2 Dringing D	lace of Business	<del></del>	2a. Mailing Address	· —			4. FEI Number		Ap	plied For	
<b>─</b> '	ace of business	<b>├</b>	<del></del>				59-1284745		No	t Applicable	
Suite, Apt. :	# atc	z	Suite, Apt. #, etc.						\$8.75	Additional	
	#, etc.	2	7				5. Certifcate of Status Desired		Fee Re	quired	
City & State		<b>_</b>	City & State				6. Election Campaign Financing	.Mr	\$5.00	May Be	
23	•	2					Trust Fund Contribution	· <b>X</b>	Added 1	- 1	
Zip	Co	untry	Zip	Cou	intry		8. This corporation owes the curre	nt year Inta	ngible		
24	25	2	:9	30			Personal Property Tax.		Yes	□No	
		idress of Current Re					10. Name and Address of New R	egistered A	gent		
					81 1	Vame	-		-		
	IUE,MANUEL				82 5	Street Addre	ess (P.O. Box Number is Not Acceptate	ble)	-		
	' SW 23 ST							<del>-</del>	<del></del>	——-	
MIAN	VII FL 33145				83						
					84 (	City		FL	85 Zip	Code	
		207.0500	1 007 4500 El	atutas tha a	<u> </u>	amod corne	oration submits this statement for the t	nurnose of o	changing its	reaistered I	
11. Pursuant office or reagent. I as	to the provisions of egistered agent, or m familiar with, and	Sections 607.0502 and both, in the State of Fl accept the obligations	d 607.1508, Florida Sta lorida. Such change was of, Section 607.0505,	atutes, the a as authorized Florida Stati	lbove-n d by the tutes.	amed corpo e corporatio	oration submits this statement for the jun's board of directors. I hereby accept	purpose of o t the appoin	thanging its tment as re	registered gistered	
CICMATURE							1 when reinstating)	DATE	<del></del>		6
SIGNATURE		Sections 607.0502 and poth, in the State of Fl accept the obligations name of registered agent and OFFICERS AND Di	title if applicable. (N				oration submits this statement for the polysis board of directors. I hereby accept when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	<del></del>	DRS IN 12	(00)
SIGNATURE	Signature, typed or printed	name of registered agent and	title if applicable. (N	NOTE: Registered	d Agent sig		1 when reinstating)	DATE	<del></del>		(44/00)
SIGNATURE  12.  TITLE	Signature, typed or printed	name of registered agent and OFFICERS AND D	title if applicable. (N	NOTE: Registered	d Agent sig		1 when reinstating)	DATE	DIRECTO	DRS IN 12	(44,00)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed PD ROQUE,MANUE	OFFICERS AND D	title if applicable. (N	13. 1.1 Ti	d Agent sig	ghature required	1 when reinstating)	DATE	DIRECTO	DRS IN 12	E 034 (44/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	PD ROQUE,MANUE 2927 SW 23 ST	OFFICERS AND D	title if applicable. (N	13. 1.1 TI 1.2 N	d Agent sig	ghature required	1 when reinstating)	DATE	DIRECTO Change	DRS IN 12	(BOE 034 (44 (08)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL	OFFICERS AND D	title if applicable. (N	13. 1.1 Ti 1.2 No 1.3 SI 1.4 CI	Agent signification of the same of the sam	ghature required	1 when reinstating)	DATE	DIRECTO	DRS IN 12	ÓD2E034 (44/08)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S	name of registered agent and OFFICERS AND DI	utie if applicable (N IRECTORS DELETE	13. 1.1 Ti 1.2 No 1.3 SI 1.4 CI	TLE AME TREET AD TTV-ST-Z	ghature required	1 when reinstating)	DATE	DIRECTO Change	DRS IN 12	CB2E034 (44,08)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI	name of registered agent and OFFICERS AND DI	utie if applicable (N IRECTORS DELETE	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV	TLE AME TREET AD TTV-ST-Z	ghature required	1 when reinstating)	DATE	DIRECTO Change	DRS IN 12	CDDE034 (44,08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD ROQUE, MANUE 2927 SW 23 ST MIAMI FL S ROQUE, JOSEFI 2927 SW 23 ST	name of registered agent and OFFICERS AND DI	utie if applicable (N IRECTORS DELETE	13. 1.1 Ti 1.2 N 1.3 Si 1.4 Ci 2.1 Ti 2.2 N 2.3 Si	J Agent signification of the s	phature required	1 when reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition	CD2E034 (44/08)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI	name of registered agent and OFFICERS AND DI	utie if applicable (N IRECTORS DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci	Agent signification of the control o	phature required	1 when reinstating)	DATE	DIRECTO Change	DRS IN 12	CD2E034 (41/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D	name of registered agent and OFFICERS AND DI	Utle if applicable. (NIRECTORS DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci	ITLE  AME  ITY-ST-Z  ITLE  AME  TREET AD  ITY-ST-Z  ITLE  ITY-ST-Z  ITLE	phature required	1 when reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition	CDDE004 (44/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI D ROQUE,JOSEFI	name of registered agent and OFFICERS AND DI	Utle if applicable. (NIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N	ITLE  AME  ITY-ST-Z  ITLE  AME  TREET AD  ITY-ST-Z  ITLE  ITY-ST-Z  ITLE	DORESS DORESS	1 when reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition	CD2E034 (44/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	PD ROQUE, MANUE 2927 SW 23 ST MIAMI FL S ROQUE, JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE, JOSEFI 2927 SW 23 ST	name of registered agent and OFFICERS AND DI	Utle if applicable. (NIRECTORS DELETE	13. 1.1 TI 1.2 NI 1.3 SI 1.4 CI 2.1 TI 2.2 NI 2.3 SI 2.4 CI 3.1 TI 3.2 NI 3.3 SI	ITLE AME TREET AD ITY-ST-Z ITLE AME TREET AL ITY-ST-Z ITLE ITREET AL ITY-ST-Z ITLE	DORESS ZIP DORESS	1 when reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition Addition	CDDE004 (41/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME	PD ROQUE, MANUE 2927 SW 23 ST MIAMI FL S ROQUE, JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE, JOSEFI 2927 SW 23 ST MIAMI FL	name of registered agent and OFFICERS AND DI	Utle if applicable. (NIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C	Agent signification of the control o	DORESS ZIP DORESS	1 when reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition	ÓDOEO04 (44/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL S	name of registered agent and OFFICERS AND DI	Utle if applicable. (N IRECTORS  DELETE	13. 1.1 TI 1.2 NI 1.3 SI 1.4 CI 2.1 TI 2.2 NI 2.3 SI 2.4 CI 3.1 TI 3.2 NI 3.3 SI 3.4. CI 4.1 TI	Agent signification of the control o	DORESS ZIP DORESS	1 when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition Addition	(44,08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL S MEFFEN, JEAN	NA	Utle if applicable. (N IRECTORS  DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N	Agent signal Agent	DORESS DORESS ZIP DORESS	1 when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition Addition	ODDECOM (44,08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL S MIAMI FL S MEFFEN, JEAN 7841 SW 95TH	NA	Utle if applicable. (N IRECTORS  DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.3 SI 4.4 CI 4.4 TI 4.2 N 4.3 SI	Agent sid	DORESS DORESS ZIP DORESS	i when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change	DRS IN 12  Addition  Addition	ÓD2E034 (44(08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL S MEFFEN, JEAN	NA	Utle if applicable. (N IRECTORS  DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 CI	Agent sid	DORESS DORESS ZIP DORESS	i when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition	CD00004 (44,08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL S MIAMI FL S MEFFEN, JEAN 7841 SW 95TH	NA	Utle if applicable (N  RECTORS	13. 1.1 TI 1.2 NJ 1.3 SI 1.4 CI 2.1 TI 2.2 NJ 2.3 SI 2.4 C 3.1 TI 3.2 NJ 3.3 SS 3.4 C 4.1 TI 4.2 NJ 4.3 SS 4.4 C 5.1 TI 5.2 NJ	Agent sid	DORESS DORESS ZIP DORESS ZIP DORESS	i when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change	DRS IN 12  Addition  Addition	(44,08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL S MIAMI FL S MEFFEN, JEAN 7841 SW 95TH	NA	Utle if applicable (N  RECTORS	13. 1.1 TI 1.2 NJ 1.3 SI 1.4 CI 2.1 TI 2.2 NJ 2.3 SI 2.4 C 3.1 TI 3.2 NJ 3.3 SS 3.4 C 4.1 TI 4.2 NJ 4.3 SS 4.4 C 5.1 TI 5.2 NJ	Agent sid	DORESS DORESS ZIP DORESS ZIP DORESS	i when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change	DRS IN 12  Addition  Addition	(44/00)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL S MIAMI FL S MEFFEN, JEAN 7841 SW 95TH	NA	Utle if applicable (N  RECTORS   DELETE   DELETE   DELETE   DELETE	13. 1.1 TI 1.2 NI 1.3 SI 1.4 CI 2.1 TI 2.2 NI 2.3 SI 2.4 CI 3.1 TI 3.2 NI 3.3 SI 4.4 CI 4.1 TI 4.2 NI 4.3 SI 4.4 CI 5.1 TI 5.2 NI 5.3 SI 5.4 CI 5.4 CI	Agent sid	DORESS ZIP DORESS ZIP DORESS	i when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change	DRS IN 12 Addition Addition Addition	ÓD2E024 (44,000)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL S MIAMI FL S MEFFEN, JEAN 7841 SW 95TH	NA	Utle if applicable (N  RECTORS	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 SS 3.4 C 4.1 TI 4.2 N 4.3 SS 4.4 C 5.1 TI 5.2 N 5.3 SS 5.4 C 6.1 TI	Agent signal and a	DORESS ZIP DORESS ZIP DORESS	i when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change	DRS IN 12  Addition  Addition	ÓDOE034 (44,00)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD ROQUE,MANUE 2927 SW 23 ST MIAMI FL S ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL D ROQUE,JOSEFI 2927 SW 23 ST MIAMI FL S MIAMI FL S MEFFEN, JEAN 7841 SW 95TH	NA	Utle if applicable (N  RECTORS   DELETE   DELETE   DELETE   DELETE	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NA 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 CI 5.1 TI 5.2 NA 5.3 S' 5.4 CI 6.1 TI 6.2 N	Agent signal and a	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS	i when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change	DRS IN 12 Addition Addition Addition	(41/00)

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: