

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

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90007 050 \*\*\*150.00

DOCUMENT # 373490

CONDO CONSTRUCTION AND DEVELOPMENT CORPORATION

Place of Business  
LEVINE & PARTNERS, P.A.  
BRICKELL AVENUE, 7TH FLOOR  
FL 33131

Mailing Address  
C/O LEVINE & PARTNERS, P.A.  
1110 BRICKELL AVENUE, 7TH FLOOR  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/01/1970	
4. FEI Number 59-1346511	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	

26. Mailing Address	27. Suite, Apt. #, etc.
28. City & State	29. Country
30. Zip	31. Country

9. Name and Address of Current Registered Agent  
LEVINE, ESQ., ALAN W  
C/O LEVINE & PARTNERS, P.A.  
1110 BRICKELL AVENUE, 7TH FLOOR  
MIAMI FL 33131

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	

I, the undersigned, do 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
<b>OFFICERS AND DIRECTORS</b>		
P. AVAYU, JOSE 1110 BRICKELL AVE., 7TH FLOOR MIAMI FL 33131	<input type="checkbox"/> DELETE	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP
V. FURMAN, JACOB 1110 BRICKELL AVE., 7TH FLOOR MIAMI FL 33131	<input type="checkbox"/> DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP
S. AVAYU, ALBERTO 1110 BRICKELL AVE., 7TH FLOOR MIAMI FL 33131	<input type="checkbox"/> DELETE	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP
T. FURMAN, TUSTAVO 1110 BRICKELL AVE., 7TH FLOOR MIAMI FL 33131	<input type="checkbox"/> DELETE	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP
	<input type="checkbox"/> DELETE	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP
	<input type="checkbox"/> DELETE	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
18/03/99		
22/03/99		
18/3/99		

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SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)