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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 401018

1. Corporation Name NAOCA CONSTRUCTION CORP.

Principal Place of Business 7156 NW 51ST STREET MIAMI FL 33166 US

Mailing Address 7156 NW 51ST STREET MIAMI FL 33166 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/12/1972
4. FEI Number 59-1409534
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.

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

9. Name and Address of Current Registered Agent
CASARIEGO, L H
7156 N.W. 51ST STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME CASARIEGO, LORETO H
STREET ADDRESS 1045 BASS POINT RD
CITY-ST-ZIP MIAMI SPRINGS, FL 00000
TITLE TD
NAME CASARIEGO, NANCY
STREET ADDRESS 1045 BASS POINT RD
CITY-ST-ZIP MIAMI SPRINGS, FL 00000
TITLE ALEXIS L. CASARIEGO
NAME ALEXIS L. CASARIEGO
STREET ADDRESS 82 Pinecrest Dr.
CITY-ST-ZIP Miami Springs, Fla. 33166

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Secretary/Treasurer/V.P.
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 (changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 2/24/99 305-593-0544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)