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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **405707**

1. *Corporation Name*
SIBONEY CONTRACTING CO.

Principal Place of Business	Mailing Address
1000 SOUTHERN BOULEVARD. #300 P.O. BOX 6665 W. PALM BEACH FL 33405 US	1000 SOUTHERN BOULEVARD. #300 P.O. BOX 6665 W. PALM BEACH FL 33405 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/26/1972

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

4. FEI Number: 59-1419274 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCRACKEN, JOHN B. 505 S. FLAGER DR. SUITE 1100 WEST PALM BEACH FL 33401	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TOMEU, ADELA M.		1.2 NAME	
STREET ADDRESS	7001 S. FLAGER DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	PTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TOMEU, ENRIQUE A		2.2 NAME	
STREET ADDRESS	1000 SOUTHERN BLVD SUITE #300		2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL		2. 4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LUKE, CLYDE R.		3.2 NAME	
STREET ADDRESS	14055 107TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL		3.4. CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SEVI, DANTE C		4. 2 NAME	
STREET ADDRESS	1246 WOODRIDGE COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		4.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COSTA, ROLANDO S.		5.2 NAME	
STREET ADDRESS	331 LAKE ARBOR DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS, FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: SIGNATURE REQUIRED 3/2/99 (561) 832-8110
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR