FILE NOW: FILING FEE AFTER MAY 1ST IS \$540.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name 416018

(0)

CONTREACTEDM INC

Principal Place of Business		Mailing Address	
7855 NW 54 ST. MIAMI FL 33166-4107	· ;	7855 NW 54 ST. MIAMI FL 33166-4107	

FILED Feb 10 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				i Bindt dint minit nedtt albet ennt
7855 NW 54 ST. 7855 NW 54 ST. MIAMI FL 33166-4107 MIAMI FL 33166-4107				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					01/04/1973	}
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	· •	26			59-1439561	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			6. Certificate of Status Desired	Fee Required
_	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Count	гу	8. This corporation owes or has pald th	
24	25	[29]	[30]		Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
	9. Name and Address of Curre	int Hegistered Agent	8	1 Name	TO. Name and Address of New Hegisti	ered Agent
	REDO, SERGIO JR		٦	1 Name		
7855 N.W. 54 ST.		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33166		8	2		
	•		"	~		
			8	4 City		FL 85 Zip Code
11. Pureuant I	to the provisions of Spellopy 607.05	02 and 607 1508 Florida State	utes the abo	ve-named corr		
office or re	egistered agent, or both in the Stat	con lorida Such change was	authorized	by the corpora	poration submits this statement for the purportion's board of directors. I hereby accept the	e appointment as registered
1	m rangilar with, and accept the only	truoris di, section duz 0505, i	IOHDA STATUL	us.		
SIGNATURE			Hi Hagistered A	gent signature requi	ired when reinstating) Do	ATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 1071.0			Change Addition
NAME	Loredo, sergio jr		1.2 NAM	E		
STREET ADDRESS	7855 N.W. 54TH ST.		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY	-ST-ZIP		
TITLE	TS	☐ DELETE	2.¥ 1fTLI			Change Addition
NAME	LOREDO, MÁRIA		2.2 NAM	E		<u> </u>
STREET ADDRESS	7841 SW 29 ST.		23 STRE	ET ADDRESS		ļ
CITY-ST-ZIP	MIAMI FL			-ST-ZIP		
TITLE	VD	□ DELETE	3.1 TITLI			Change Addition
NAME	LOREDO, CHARLES JR		32 NAM			
STREET ADDRESS	3012 FLAMINGO DR		1	ET ADDRESS		
CITY-ST-7IP	MIAMI BEACH FL	T severe		-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Lastrian
TITLE		☐ DELETE	4.1 TITLI			Change
NAME			4 2 NAN	Į.		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	And the state of t		4.4 CITY			Observe Landwice
TITLE	SECTION STREET, 114	☐ DELFTE	5.1 TITU	1		Change L Addition
NAME			5.2 NAM	I		
STREET ADORESS				ET ADDRESS		
CITY-S1-ZIP	•	T DELETE	5.4 CITY			☐ Change ☐ Addition
TITLE	12	☐ DELETE	6.1 TITL	I		CHANGE CHADORON
NAME			6.2 NAM	I		
STREET ADDRESS				ET ADORESS		
CITY - ST - ZIP		<u> </u>	6.4 CITY	-ST-Z(P		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.

SIGNATURE: