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

DOCUMENT

 Corporation 	UILDERS, INC.								
Principal Place	of Business	Mailing Address				1 19611; 01811 19800 11111 00110 10111 1011	ii eien Aibii eien ai	81) 616 11 (88+	
1888 N.E. 124TH STREET 1888 N.E. 124TH STREET NORTH MIAMI FL 33181 NORTH MIAMI FL 33181						DO NOT WRITE IN TI	HIS SPACE		
						3. Date Incorporated or Qualifed 04/14/1975	ilo or AGE		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For	
21		26				59-1594333	Not	t Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Red		
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	- 11		
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year	Intangible		
24	25 29 30		30			Personal Property Tax.		□No⁻	
g. Name and Address of Current Registered Agent						10. Name and Address of New Register	ed Agent		
			1	81 I	Name				
LEONOR, MARIO			l,	82 5	Stroot Adds	ress (P.O. Box Number is Not Acceptable)			
1888 N.E. 124TH STREET					Sileet Audi	ress (F.O. Box Humbel is Not Acceptable)		Ì	
NORTH MIAMI FL 33181			ļ	83					
			}.	84 (City		85 Zip C	'ode	
					City	•	*L		
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was au tions of, Section 607.0505, Flor	ithorized ida Statul	by the tes.	e corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	ppontment as reg	registered pistered	
	Signature, typed or printed name of registered ager		_	Agent si	gnature require	ed when reinstating) DATE		DO 101 40:	
12.			_	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	PD	_					Contrago	i,	
NAME	LEONOR, MARIO	1.21							
STREET ADDRESS	1000 11-2-12-11-1		1.3 STR	REET AC	DRESS				
CITY-ST-ZIP				Y-ST-Z	3P		[] Charac		
TITLE	T	☐ DELETE 2.11					Change	☐ Addition	
NAME	LEONOR, ZAIDA		2.2 NAN	ΜE)				
STREET ADDRESS			2.3 STR	REETAL	DORESS			í	
CITY-ST-ZIP			2. 4 CIT	Y-ST-Z	ZIP				
TITLE		☐ DELETÉ 3.1		3.1 TITLE			Change	Addition	
NAME			3.2 NAN	ME					
STREET ADDRESS			3.3 STR	REET AL	ODRESS				
CITY-ST-ZIP	_		3.4. CIT	Y-ST-Z	ZIP		~		
TITLE	☐ DELETE 4.1		4.1 TITL	4.1 TITLE			Change	☐ Addition	
NAME			4, 2 NA	ME		The same of the sa		- · - · ·	
STREET ADDRESS			4.3 STR	REET AL	ODRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-Z	DP				
TITLE		☐ DELETE	5.1 TITL	LE			Change	☐ Addition	
NAME			5.2 NAN	ΜE	İ	,			

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 open attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90109 048 ***150.00