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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

608665

(6)

FILED Feb 27 1998 8:00am Secretary of State

NOEL C	ONSTRUCTION, INC.				
Principal Place	of Business	Mailing Address		T HADRING BLANK BOUND BRING BR	
331 SW 135TH AVE. MIAMI FL 33184 US		331 SW 135TH AVE. SUITE 233 MIAMI FL 33184 US		DO NOT WRITE IN TH	IS SPACE
		•		02/01/1979	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1887248	Not Applicable \$8.75 Additional
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	7 (p)	Country	This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
<u> </u>	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
NUR	NEZ, CARLOS N		81 Name		•
331 SW 135TH AVE			82 Street	Address (P.O. Box Number is Not Acceptable)	
	MI FL 33184		83		
			63		
			84 City		85 Zip Code
	10 507 0	00 and 607 4609 Florida Statu	ites the shove-name	Corporation submits this statement for the purpos	e of changing its registered
office or r agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obli	le of Florida. Such change was gations of, Section 607,0505, F	authorized by the col lorida Stitutes.	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
	Signature, typed or pointed name of registers the OFFICE RS Al	green to all title of applicable (NC	TE Registerd Agent signatur		E
12.	OFFICERS AL		II Registerd Agent signatur	e required when reinstating) DAT	E
12. TITLE	OFFICERS AF	per test title if applicable (NC)	ol E · Registerd Agent signatur	e required when reinstating) DAT	E AND DIRECTORS IN 12
12.	OFFICERS AL	per test title if applicable (NC)	olf: Registerd Agent signatur 13 1.1 LE	e required when reinstating) DAT	E AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	PTS NUNEZ, NAYDA J	oper te-Libbed applicable (AVC NO DIRECTORS ☐ DELETE	13 ILE 1.2 ME 1.3 ICET ADDRESS 1.4 Y-ST-ZIP	e required when reinstating) DAT	AND DIRECTORS IN 12 Change Addition
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I neropy certify that the information supplied with this hing does not quality for the empirion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report or supplemental annual report is true and accurate at that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed do not all adjinient with an address