PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 690503 1. Corporation Name

PALLAIS CONSTRUCTION CO., INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90026 033 ***150.00

I ALLAIO	CONCINCONON CO., INC	·									
Principal Place	e of Business	Mailing Addres	SS				t (80190 being 101)) odsøt blive ania	M (1))) M(M)) M14	//(8:8 () 8) 8)(8 ((811 81811 1881	
14201 S.W. 55 ST. MIAMI FL 33175 US		14201 S.W. 55 ST. Miami Fl 33175 US				DO NOT WRIT	E IN THIS :	SPACE			
03						3.	3. Date Incorporated or Qualifed				
							06/16/1981	٠			
2. Principal Pl	lace of Business	2a. Mailing Add	dress				FEI Number		Ap	plied For	
21		26				- -	59-2174720	_	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				Certificate of Status Desired		\$8.75 A		
22		27				5.	Certificate of Status Desired	<u> </u>	Fee Re	<u></u>	
City & State	e	City & Stat	е			6.	Election Campaign Financing		\$5.00		
23	<i>H</i>	28					Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip		Country		1	This corporation owes the curre				
24	/ 25	29	30	<u> </u>			Personal Property Tax.			□No	
-1/	9. Name and Address of Curre	nt Registered Agent	<u> </u>	81	Name 1	10.	Name and Address of New Ro	gisterea <u>f</u>	(gent		
9011	LAIS, LUIS H				Name	A	lais, Luis	Ħ			
	11 S.W. 55 ST.			82			O. Box Number is Not Acceptat				
B-12				83	14	201	<u> 3W 55 :</u>	<u>st.</u>			
	2 Al FL 33175			63							
1417-21A	111111111111111111111111111111111111111			84	City 1	Mi			85 Zip (Code	
								FL	<u> 33</u>		
l office or o	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such Cha	inge was auth	onzea ov	tne corbora	etion's bo	ard of directors. I hereby accept	the appoin	itment as re	gistered	
SIGNATURE											
CIGITATORIE	Signature, typed or printed name of registered ag		(NOTE: Re		t signature requi			DATE			
12.	OFFICERS A	ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO ☐ Change	RS IN 12 Addition	
TITLE	 DED 1/4 E 1.410 DA1 410	L	DELETE	1.1 TITLE					□ origing¢		
NAME	DEBAYLE, LUIS PALLAIS			1.2 NAME						ļ	
STREET ADDRESS				1.3 STREE							
CITY-ST-ZIP	MIAMI FL		OCI CTC	1.4 CITY-S	r-zip				Change	Addition	
TITLE	VPS	Ц	DETELE	2.1 TITLE							
NAME	PALACIOS, ANGELA R.			2.2 NAME							
STREET ADDRESS	1	<u> </u>		2.3 STREE							
CITY-ST-ZIP	MIAMI FL		DELETE	2.4 CITY-5	T-ZIP				Change	Addition	
TITLE		ы	DELETE	3.1 TITLE				•			
NAME				3.2 NAME						ļ	
STREET ADDRESS				3.3 STREE	i						
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NAME					r +DDDESS					· ·	
STREET ADORESS					FADDRESS					ĺ	
CITY-ST-ZIP			DELETE	4.4 CITY-S 5.1 TITLE	I-ZIP			· ·	☐ Change	☐ Addition	
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NAME				5.3 STREE	ADDRESS						
STREET ADDRESS				5.4 CITY-S							
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE					Change	Addition	
				6.2 NAME	i					_	
NAME STREET ADDRESS					ADDRESS		•				
STREET ADDRESS				6.4 CITY-S							
CITY-ST-ZIP	l .			· · · · · · · · · · · · · · · ·							

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUISH PALLAIL

1-28-99 (305) 207-7070