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 # F02680

DANIA B	BUILDERS, INC.						
Principal Place of Business Mailing Address							
4575 NAUTILUS COURT P.O. BOX 2424 P.O. BOX 2424 P.O. BOX 2424					DO NOT WRITE IN THIS SPACE		
MIAMI BCH. FL	. 33140	MIAMI BCH. FL 33140			Date Incorporated or Qualifed	10 01 7.02	
					10/01/1980	1	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	· · ·	olied For
21		26			59-2096498		t Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Red	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Re
23	·	28			Trust Fund Contribution	Added to	
Zip Country		Zip			8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
ROSENFELD, ALBERT 4575 NAUTILUS COURT MIAMI BCH. FL 33140			81 82 83	Name Street Add	fress (P.O. Box Number is Not Acceptable)		
			84	City	F	85 Zip C	ode
agent. 1 a SIGNATURE	m familiar with, and accept the oblig				ed when revisitating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	i 1 TITLE			Change	Addition
NAME	rosenfeld, albert		12 NAME				:
STREET ADDRESS	4575 NAUTILUS CT.		13 STREE	FADDRESS			
CITY-ST-ZIP	MIAMI BCH. FL		14 CITY-S	T-ZIP			
TITLE	VS	☐ DELETE	2 1 TITLE			Change	Addition
NAME	rosenfeld, norma		2 2 NAME				
STREET ADDRESS	4575 NAUTILUS CT.		23 STREE	T ADDRESS			
CITY-ST-ZIP			2 4 CITY-5	ST-ZIP			
TITLE	☐ DELETE 3		3 1 TITLE			Change	Addition
NAME			32 NAME				
STREET ADDRESS			33STREE	T ADDRESS			
CITY-ST-ZIP			3.4 CITY-5	T- ZIP			
TITLE	— H		4 1 TITLE			Cnange	Addition
NAME			4 2 NAME				
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP		□ BELEZE	4 4 CITY-9	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	51 TITLE 52 NAME				
NAME			a a	r ADDRESS			
STREET ADDRESS			54 CITY-S				ı
CITY-ST-ZIP		☐ DELETE	61 TITLE			Change	Addition
TITLE		_: >=: =	62 NAME				

14. I hereby certify that the information supplied with this filling 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an adaptment with an address with all other like empowered.

63 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

DE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/99 (305) Daviero Provie 460320

Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90017 009 ***750.00

CR2E034 (11/98)