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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

FILED
Feb 04 1998 8:00am
Secretary of State

וט	NAMIC CONTRACTING CO. IN	C.			
Principal	Place of Business	Mailing Address			ridir albir Afbir bidir əfbir 1041
	i.e. 16th Avenue	20725 N.E. 16TH AVEN	UE	J	
SUITE 47 N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179			M 70	DO NOT WRITE IN TH	IS SPACE
N. MIAI	AI DEAUM FL 331/8	N. MIAMI BEACH FL 33	1179	3. Date Incorporated or Qualified	IO OI NOL
				06/02/1982	
2. Princi	pal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	par i lade di Dadiniado	26		59-2222448	Not Applicable
	Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	, , , , , , , , , , , , , , , , , , , ,	27		5. Certificate of Status Desired	Fee Required
	State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Registers	
	ROSENTHAL, CHARLES		81 Name	NONE	
	2660 HOLLYWOOD BOULEVARD		00 000	dress (P.O. Box Number is Not Acceptable)	
	HOLLYWOOD FL 33020		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	HOLLITIOOD I'L 33020		83		
			84 City	F	85 Zip Code
44 5	007.07	00 1007 1/ 00 5) 11 5			
iii ruja	e or registered agent, or both, in the State	o at Florida Puets abando uma	authorized by the corpore	bolguou ennuing this statement for the brilbose	popintment of registered
office ager	nt. I am familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statutes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppolitiment as registered
office ager SIGNATE	JRE				
SIGNATE	JRE Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE Registered Agent signature requ	pired when reinstating) DATE	
SIGNATE	JRE Signature, typed or printed name of registered as OFFICERS AN	ent and trin if applicable (NO	TE Registered Agent signature requi		ND DIRECTORS IN 12
SIGNATE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS AN	ent and title if applicable (NO	113.	of the distribution of the	ND DIRECTORS IN 12
SIGNATE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS AN CORTEZ, LUIS	ent and trin if applicable (NO	13. 1.1 THLE 1.2 NAME	of the distribution of the	ND DIRECTORS IN 12
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Thereby 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 informatio 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 receive or trustop empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, for on an attack high with an adversary.

GNATURE:

(305) 94744699