PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700000714

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90032 001 ***150.00

1. Corporatio	ERECTION CORPORATION	1000714				(120) (100) (100) (100) (100)
Principal Place of Business Mailing Address						
920 KILSYTH RD 920 KILSYTH RD						
ELIZABETH NJ 07208 ELIZABETH NJ 07208					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualifed	3 37 AGE
					02/11/1997)
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26				22-2326332	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·			\$8.75 Additional	
22					5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr		8. This corporation owes the current year Ir	
24	25 29 30		•	Personal Property Tax.	Yes No	
	9. Name and Address of Currer				10. Name and Address of New Registered	l Agent
DDE	OTON BONNE		8	t Name		
PRESTON, RONALD			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
4301 COLLINS AVE #308 MIAMI BCH FL 33140						
IVIIAIN	WI BOTI PL 33140		8:	3		
			8-	4 City		85 Zip Code
					FI	_
11. Pursuant office or re agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	l2 and 607.1508, Florida Statu of Florida. Such change was itions of, Section 607.0505, Fl	utes, the abor authorized br lorida Statute	ve-named con y the corporati s.	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	f changing its registered pintment as registered
SIGNATURE						
	Signature, typed or printed name of registered age			ent signature requir	ed when reinstating) DATE	
12.	P OFFICERS AN	ID DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	MONTEAGUDO, CLARA					CT custings CT vacation (
STREET ADDRESS	920 KILSYTH RD		1.2 NAME	T ADDRESS		}
CITY-ST-ZIP	ELIZABETH NJ 07208		1.3 STRE	1		
TITLE	V	☐ DELETE	2.1 TITLE	31-211		☐ Change ☐ Addition
NAME	PRESTON, JOHANY M		2.2 NAME			_ , _
STREET ADDRESS	200 E 24 ST		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	NY NY 10010		2 4 C/TY-	{		
TITLE	S	☐ DELETE	3.1 TITLE		*	Change Addition
NAME	PRESTON, RONALD 32N		3.2 NAME		ر موسیدی دیکست	
STREET ADDRESS	920 KILSYTH RD		3.3 STREE	ET ADDRESS		
CITY-ST-ZIP	ELIZABETH NJ 07208		3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE			☐ Change ☐ Addition
NAME	4.		4. 2 NAME			
STREET ADDRESS	43\$		4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	1		1
				T 400BESS		Ϋ́
STREET ADDRESS				ET ADDRESS)
CITY-ST-ZIP		∏ nei tre	5.4 C/TY-1	1		Change Addition
CITY-ST-ZIP		☐ DELETE	5.4 C/TY-1 6.1 TITLE	1		☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	5.4 C/TY-1 6.1 TITLE 6.2 NAME	1		☐ Change ☐ Addition

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 reselver or trustee simp swered to be facult this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 21 1999

355-736

Daytime Phone

R2E034 (11/98)