

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90274 046 ***150.00

DOCUMENT # F98000001310

1. Corporation Name

ADACONDA CONSTRUCTION CORPORATION LIMITED

Principal Place of Business
10357 SW 165TH COURT
MIAMI, FL 33196

Mailing Address
C/O TR HERRERA
17974 SW 33RD COURT
MIRAMAR, FL 33029-1636

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/09/1998

4. FEI Number
APPLIED FOR ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible Personal
Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANCE JOSEPH ESQ., P.A.
6950 N. KENDALL DRIVE #200
MIAMI, FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME CHRISTOPHER WOOD
STREET ADDRESS 67 SLIPE ROAD, KINGSTON 5
CITY - ST - ZIP JAMAICA, WI ☐ DELETE

TITLE V
NAME MICHAEL ROSS
STREET ADDRESS 10357 SW 165TH COURT
CITY - ST - ZIP MIAMI, FL 33196 ☐ DELETE

TITLE TS
NAME JEAN WOOD
STREET ADDRESS 67 SLIPE ROAD, KINGSTON 5
CITY - ST - ZIP JAMAICA, WI ☐ DELETE

TITLE D
NAME COLIN WOOD
STREET ADDRESS 67 SLIPE ROAD, KINGSTON 5
CITY - ST - ZIP JAMAICA, WI ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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: *Michael F. Ross* MICHAEL F. ROSS, VICE-PRES 04/24/99 954-442-3293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #