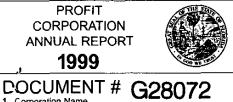
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90121 044 ***150.00

NACO BUILDERS INCORPORATED	
	† 18 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18

_										
Principal Place	e of Business	Mailing Address —	<u>-</u>	_			11.			
253 N CHURCH	1 AVE	253 N CHURCH AVE								
TAMPA FL 336	09	TAMPA FL 33614				DO NOT WRITE IN THIS	SPACE			
US		U\$				3. Date Incorporated or Qualifed	017104	}		
						03/16/1983		ţ		
3 Beingingt B	lace of Business	2a. Mailing Address				4. FEI Number	——TAr	plied For		
	lace of Busiliess	26				59-2309720	_ `	ot Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.						Additional		
	r, 610.	27				5. Certifcate of Status Desired	7	equired		
City & Stat		City & State				6. Election Campaign Financing	\$5.00	May Re		
23	_	28				Trust Fund Contribution	Added	,		
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year int	angible			
24	25	29	30			Personal Property Tax.				
	9. Name and Address of Current					10. Name and Address of New Registered	Agent			
				81	Name	-				
	LOS SANTOS, ORLANDO		}	82	Street Add	ress (P.O. Box Number is Not Acceptable)				
	N CHURCH AVE		ŀ	02	Silest Add	ileas (F.O. Box Number is Not Acceptable)				
TAM	PA FL 33609		ţ	83						
				2.1			Joe Zin	Code		
				84	City	FL	85 Zip	Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the ab	ove	e-named corp	poration submits this statement for the purpose of	changing its	registered		
 office or r 	egistered agent, or both, in the State of m familiar with, and accept the obligati	f.FloridaSuch change.was a	uthorized.	by_t	the corporati	on's board of directors. I hereby accept the appoi	itment as re	gistered		
J	in lamilar with, and accept the conget	0110 011 00011011 007.5000, 110	.,		•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered /	Agent	t signature require	ed when reinstating) DATE				
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	DP	☐ DELETE	1.1 सम	LE			Change	☐ Addition ∫		
NAME	DE LOS SANTOS, ORLANDO		1.2 NA	ME						
STREET ADDRESS	253 N CHURCH AVE		1.3 STF	REET	ADDRESS					
CITY-ST-ZIP	TAMPA FL		1.4 C/T	Y-ST	r-zip	<u> </u>				
TITLE		DELETE	2.1 TIT	2.1 TITLE			Change	Addition		
NAME			2.2 NA	ME				1		
STREET ADDRESS			2.3 STF	REET	ADDRESS					
CITY-ST-ZIP			2. 4 CI	ry-\$1	T-ŽIP					
TITLE		☐ DELETE	3.1 1111	LE	1		Change	☐ Addition		
NAME			3.2 NA	ME				ļ		
STREET ADDRESS			3 3 STF	REET	ADDRESS					
CITY-ST-ZIP			3.4. CI	TY-\$1	T- ZIP	<u> </u>				
TITLE		☐ DELETE	4.1 TIT	LÉ		_	Change	☐ Addition		
NAME			4. 2 NA	ME				ţ		
STREET ADDRESS			4.3 STI	REET	ADDRESS		•	İ		
CITY-ST-ZIP			4.4 CIT	Y-ST	T-ZIP	·				
TITLE		☐ DELETE	5.1 TIII	LE			Change	☐ Addition		
NAME			5.2 NA	ME		بالمسايات المسا				
STREET ADDRESS			5.3 ST	REET	ADDRESS			Į		
CITY-ST-ZIP			5.4 CIT		T-ZIP					
TITLE	President)	DELETE	6.1 TIT	LE			Change	☐ Addition		
NAME	President Arlando DE Le 253 North (Hun	SJANTOS	6.2 NA	ME	}					
STREET ADDRESS	253 North CHUR	ach Are	6.3 STI	REET	ADDRESS					
STREET ADDRESS										

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 the line in the empowered.