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Jan 29, 1999 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

	1999	CONT. TO	DIVISION OF CO	DRPORATIONS		
DOCUMENT # G47081					01-29-1999 90052 042 ****15	50.00
	on Name		v			
THE PEREIRA CONSTRUCTION COMPANY					Lagrania Seri Signa anno anno 1916, tres es	
Principal Plac	ce of Business	Mai	iling Address			18)) B18)) 515)) 718)) B18)) B18)) B18)
•			_			
104 CRANDON BLVD SUITE 320 104 CRANDON BLVE SUITE 320 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149				320		
US					DO NOT WRITE IN TI	HIS SPACE
					3. Date Incorporated or Qualifed	
2 Principal F	Place of Business	129	Mailing Address		07/01/1983 4. FEI Number	Applied Co.
21	lace of business	26	Mailing Address		59-2304254	Applied For Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	·		\$8.75 Additional
22		27		•	5. Certifcate of Status Desired	Fee Required
City & Sta	ite .		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 the current year	
24	25 9. Name and Address of C	29	ared Agent	<u> </u>	Personal Property Tax. 10. Name and Address of New Register	Yes No
	5. Name and Address of C	, , ,	eled Agent	81 Name	10. Name and Address of New Register	ed Agent
PEF	REIRA, EDUARDO X	e in the sign of		82 Street Add	(D.O. D	· · · · · · · · · · · · · · · · · · ·
104 CRANDON BLVD SUITE 320				62 Street Add	Iress (P.O. Box Number is Not Acceptable)	المراجع المراج
KEY	Y BISCAYNE FL 33149			83		
	***			84 City		85 Zip Code
						-
	M. St. House Co.					
11. Pursuant	to the provisions of Sections 60 registered agent, or both, in the	7.0502 and 60 State of Florida	7.1508, Florida Statutes a. Such change was auti	, the above-named corporate	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
11. Pursuant office or agent. I a	t to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	07.0502 and 60 State of Florida obligations of,	7.1508, Florida Statutes a. Such change was aut Section 607.0505, Florid	, the above-named corporate the statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	e of changing its registered appointment as registered
11. Pursuant office or agent. I a				the above-named corporation of the corporation of t		of changing its registered pointment as registered
	Signature, typed or printed name of register		applicable. (NOTE: Re			
SIGNATURE	Signature, typed or printed name of register OFFICER	red agent and title if	applicable. (NOTE: Re	egistered Agent signature requir	ed when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of register OFFICER PD PEREIRA, ENRIQUE A	red agent and title if a	applicable. (NOTE: Ro	egistered Agent signature require	ed when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of register OFFICER PD PEREIRA, ENRIQUE A 104 CRANDON BLVD SUI	red agent and title if it	applicable. (NOTE: Ro	egistered Agent signature require 13. 1.1 TITLE	ed when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of register OFFICER PD PEREIRA, ENRIQUE A 104 CRANDON BLVD SUI KEY BISCAYNE FL 33149	red agent and title if it	applicable. (NOTE: R: CTORS DELETE	egistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating) DATE	AND DIRECTORS IN 12
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

URE AND TYNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description of Process of Director Director Director Date

Description of Director Director Director Director Director Date

Date

Description of Director Director

CR2E034 (11/98)