

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G98481 (6)**
1. Corporation Name

PYRAMID BUILDING CONSTRUCTION, INC.

Principal Place of Business
c/o Allixen Stevens
271 NW 193rd Street
Miami, FL 33169

Mailing Address
(SAME)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 271 NW 193rd Street Suite, Apt. #, etc.		2a. Mailing Address 26 271 NW 193rd Street Suite, Apt. #, etc.		4. FEI Number 59-2406572		Applied For ☒ Not Applicable	
22 City & State 23 Miami, FL Zip		27 City & State 28 Miami, FL Zip		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 33169		25 USA DADC		29 33169		30 USA	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No							

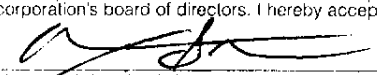
9. Name and Address of Current Registered Agent

Allixen Stevens
271 NW 193rd Street
Miami, FL 33169

10. Name and Address of New Registered Agent

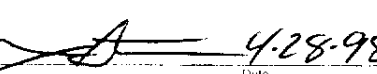
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 **PRESIDENT ALLIXEN STEVENS**  **4-28-98**
Signature typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Allixen Stevens	1.2 NAME	
STREET ADDRESS	271 NW 193rd Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33169	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Nikita Stevens	2.2 NAME	
STREET ADDRESS	271 NW 193rd Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33169	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Jerry Kellam	3.2 NAME	
STREET ADDRESS	258 NW 195th Terr	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33169	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **PRESIDENT ALLIXEN STEVENS**  **4-28-98** **653.3499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)