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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H68462**

1. Corporation Name

BALCO CONSTRUCTION AND DEVELOPMENT, INC.

Principal Place	e of Business	Ma	iling Address								4.4 E.E		
1079 SW 135TH			SW 135TH PLACE										
MIAMI FL 33184	4		MIAMI FL 33184				DO	NOT WR	ITE IN THE	S SPACE			
US		US					3. Date	Incorporated					
1								26/1985					
2 Principal P	Place of Business	2a.	Mailing Address				4. FEI I					Appl	lied For
21	idos or Basillos	⊢	26				59-	59-2559960				, 	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					D	\\\	\$8.7	75 Ad	Iditional	
22	¬ '''						5, Certi	fcate of Status	Desired	×	Fee	e Req	uired
City & Stat	te	27	City & State			-	6. Elect	ion Campaigr	Financing		\$5.	00 м	lay Be
23		28					Trus	Fund Contrib	ution		Add	ded to	Fees
Zip	Country		Zip	Coun	try		8. This	corporation of	wes the cur	rrent year li			-
24	25	29		30				onal Property			☐ Yes	\rightarrow	₩o
	9. Name and Address of C	urrent Regist	ered Agent		n 1 1		10. Nam	e and Addre	s of New	Registered	1 Agent		
DAL	CINDE CEDOIO A			1	B1	Name							
1	SINDE, SERGIO A.			1	82 3	Street Add	dress (P.O. B	ox Number is	Not Accep	table)			
1	9 SW 135TH PLACE						1 100						
MIAR	MI FL 33184			1	83								
}				1	84 (City					85	Zip Co	ode
										F		- ie	a wintered
11. Pursuant	to the provisions of Sections 60 registered agent, or both, in the 5	7.0502 and 60 State of Florida	7.1508, Florida Statu Buch change was	utes, the abo authorized b	ove-n bv the	iamed cor e corporat	poration subi tion's board o	nits this state: f directors. I h	nent for the ereby acce	ept the app	ointment a	g ns re is regi	stered
agent. I a	am familiar with, and accept the c	obligations of,	Section 607.0505, FI	orida Statut	les.	•							
SIGNATURE													1
SIGNATURE										DATE			
	Signature, typed or printed name of register		<u></u>		igent si	gnature requi	red when reinstation	<u> </u>	SES TO O	DATE FEICERS A	NO DIRE	CTOR	S IN 12
12.	Signature, typed or printed name of register OFFICER	red agent and title if RS AND DIREC	TORS	13.		gnature requi		(IONS/CHAN	GES TO O		ND DIRE		RS IN 12
12.	Signature, typed or printed name of register OFFICER		<u></u>	13.	.E		ADDI	IONS/CHAN		FFICERS A	Char		
12. TITLE NAME	Signature, typed or printed name of register OFFICER PVD BALSINDE, SERGIO A.	RS AND DIREC	TORS	13.	.E		ADDI	IONS/CHAN		FFICERS A	Char		
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of register OFFICER PVD BALSINDE, SERGIO A5900 S.W. 127 AVE. #331	RS AND DIREC	TORS	13.	.E		ADDI	IONS/CHAN		FFICERS A	Char		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of register OFFICER PVD BALSINDE, SERGIO A.	RS AND DIREC	TORS	13.	.E		ADDI	IONS/CHAN		FFICERS A	Char	nge	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of register OFFICER PVD BALSINDE, SERGIO A5900 S.W. 127 AVE. #331	RS AND DIREC	DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL	E ME REET AL Y-ST-Z		ADDI	<u> </u>		FFICERS A	Char	nge	Addition
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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 attackment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90024 008 ***158.75