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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H96696**

MAHC AN	NDRE LAI	nglois genera	L CONT	RACTOR, INC.								
Principal Place	of Business		Maili	ing Address								
633 N.E. 167TH STE 1025 N.MIAMI BCH. FI US	STREET		STE	633 N.E. 167TH STREET STE 1025 N.MIAMI BCH. FL 33162 US				ļ	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
									01/30/1986			
2. Principal Pla	ace of Rusin	966	2a. N	Mailing Address					4. FEI Number		Ap	plied For
—	acc of Basin		26	•					59-2702270		No	t Applicable
Suite, Apt. #	⊭, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	1
City & State		 		City & State					6. Election Campaign Financing		\$5.00	May Be
·	,		28	,					Trust Fund Contribution		Added t	
Zip		Country		Zip	Cou	intry			8. This corporation owes the current	nt year Int	angible	□No
24		25	29		30				Personal Property Tax. 10. Name and Address of New Re	alstored		
	9. Name	and Address of Curre	nt Registe	ered Agent					10. Name and Address of New Re	gistereu	Ayent	
						81	Name		•			i
	ALUIS, MAI MCKINLE	RC ANDRE ST.				82	Street	Addres	ss (P.O. Box Number is Not Acceptate	ole)		
HOLI	LYWOOD F	L 33021				83		-				化氯磺基
						84	City		200 P. C.	FL	85 Zip (Code
							L		ration submits this statement for the part of directors. I hereby accept		obonging its	registered
		ent, or both, in the State th, and accept the oblig						UIALIOII	'ation submits this statement for the p 's board of directors. I hereby accept	ano oppo		3
	Signature, typed	or printed name of registered ag	gent and title if a	applicable (NOT	E: Registered	d Agen		required t	when reinstating)	DATE ICERS AN	ID DIRECTO	DRS IN 12
12.		or printed name of registered ag	gent and title if a	applicable (NOT	E: Registered	d Agen		required (ADDITIONS/CHANGES TO OFF		ID DIRECTO	DRS IN 12
12.	DPS	OFFICERS A	gent and title if a	applicable (NOT	E: Registered	1 Agen		required (when reinstating) ADDITIONS/CHANGES TO OFF			
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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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

305-653-6170

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90024 036 ***150.00