

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J90205

1. Corporation Name

ADRO CONST., INC.

Principal Place of Business

**9350 SUNSET DR
SUITE 100
MIAMI FL 33173**

Mailing Address

**9350 SUNSET DR
SUITE 100
MIAMI FL 33173**

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90011 010 ***600.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1987

4. FEI Number

65-0015243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE CO.
1201 HAYS ST
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	CARR, JAMES M	
STREET ADDRESS	9350 SUNSET DR SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	EISENACHER, HAROLD	
STREET ADDRESS	9350 SUNSET DR SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SQPO	<input checked="" type="checkbox"/> DELETE
NAME	RTER, CATHRYN L	
STREET ADDRESS	3200 SW FRWY 1220	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, BILL C	
STREET ADDRESS	5999 SUMMERSIDE DR 112	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHERNYS, LEONARD R	
STREET ADDRESS	9350 SUNSET DR SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	V	<input type="checkbox"/> DELETE
NAME	IBARRIA, DIANA	
STREET ADDRESS	9350 SUNSET DR SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael McCraw	
4.3 STREET ADDRESS	2740 N. Dallas Parkway, STE 200	
4.4 CITY-ST-ZIP	Plano, TX 75093	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Eisenacher

4/28/99

Date

(305) 595-3281

Daytime Phone #

CR2E034 (1/98)