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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # L 9 8

C.L. Elias Construction, Inc.

May 13, 1999 8:00 am Secretary of State

05-13-1999 90008 050 ***158.75

Principal Place of Business	Mailing Address	~ ~	5 L A				
4444 SW TIAVENUE	4444 50						
Unit 103				DO NOT WRITE IN THIS SPACE			
miami, F1. 33155	· ~ '. ~ :	<u> </u>	1. 3.31	5 3. Date Incorporated or Qualifed			
11.1100111/11.000	1111011	<i>/</i> ' '		9/6/90	>		
2. Principal Place of Business	2a. Mailing Address		• • •	4. FEI Number	<i>/</i>	Ar	oplied For
21	26			65-07155	960		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						Additional	
22 27				5. Certifcate of Status Desired	X	•	equired
City & State City & State				6. Election Campaign Financing		\$5.00	May Be
23	28			Trust Fund Contribution		Added	
Zip Country	Zip Country			8. This corporation owes the curr	ent year Inta	angible	
24 25	29 30	•		Personal Property Tax.		☐ Yes	□No
9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered /	Agent	
Elias, Christi L.		81	1 Name				
4444 SW 71 AVE			2 Street Add	treet Address (P.O. Box Number is Not Acceptable)			
Unit 103		83	3				
						Taul W	
miani, Fl. 33155		84	4 City		FL	85 Zip (Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607.1508, Florida Statutes, Florida, Such change was auth	the above	ve-named con	poration submits this statement for the ion's board of directors. I hereby access	purpose of	changing its	registered gistered
agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statute	s.	,			
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable. (NOTE Re	gistered Age	ent signature require	ed when reinstating)	DATE		
12. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE President	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME Chaist L. El	ias	1.2 NAME					
STREET ADDRESS 4444 5W 711	Ave., Unit 103	1.3 STREE	ET ADDRESS				
CITY-ST-ZIP	13155	1,4 CITY-5	ST-ZIP				
TITLE V P	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME LAST Eligs		2.2 NAME					Ì
	Ave., Unit 103	2.3 STREE	ET ADDRESS				}
CITY-ST-ZIP	33155	2. 4 CITY-	ST-ZIP				
TITLE SEC/Treas	☐ DELETE	3.1 TITLE				Change	☐ Addition
l	strade	3.2 NAME					
STREET ADDRESS 4444 540 771	Ave., Uni+ 103	3.3 STREE	TADORESS	· - · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP COM F. 3	33122	3 4. CITY-	ST-ZIP				
TITLE	DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME		4. 2 NAME	:				
STREET ADDRESS		4.3 STREE	T ADDRESS				
CITY-ST-ZIP		4.4 CITY-5					
TITLE	☐ DELETE	5.1 TITLE				Change	Addition
NAME		52 NAME					
STREET ADDRESS		5.3 STREE	TADDRESS				
CITY-ST-ZIP		5.4 CITY-5	ST-ZIP				ŀ
TITLE	☐ DELETE	6.1 TITLE				Change	Addition
NAME		6.2 NAME				=	
STREET ADDRESS		6.3 STREE	T ADDRESS				1
CITY-ST-ZIP	:	6.4 CITY- S	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, orion an attachment with an address, with air other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OF NCER OR DIRECTOR Fig (a)