May 06, 1999 8:00 am Secretary of State

05-06-1999 90090 047 ***150.00

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 # M22603

1. Corporation Name

CONSTRUCTION SERVICES & SUPPLIES, INC.

Principal Place of Business Mailing Address Cop PERRO LUS LOPEZ Cop PERRO LUS LOPEZ 1749 S.W. 347H LANE 1748 S.W. 347H L									
1729 S.W. 34TH LANE	Principal Place	e of Business	Mailing Address			i idalabit iin iitin iituta mitti det	# W 1411 B(B) W 1811		NINIS MENTE SINDS
3. Date incorporated or Qualified 10/29/1985 2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-2592/794 3. Cell Washing Address 54. FEI Number 59-2592/794 4. FEI Number 59-2592/794 5. Certificate of Status Desired 58.75 Additional Fee Required Fee Required Fee Required Trust Fund Contribution 55.00 May be Added to Fees 23 20 Country 21 Zip Country 22 Zip Country 23 Zip Country 24 Zip Country 25 Zip Country 26 Zip Country 27 Country 28 The Encomposition owes the current year thanglible Added to Fees 28 Zip Country 4 Zip Country 59-2692/798 5. This corporation owes the current year thanglible Added to Fees 29 Zip Country 59-2692/798 5. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant in the provisions of Sections 807.0502 and 807.1509. Florida Statutes. 12. Street Address (P.O. Box Number is Not Acceptable) 13. Statutes 14. Pursuant in the provisions of Sections 807.0502 and 807.1509. Florida Statutes 15. Street Address (P.O. Box Number is Not Acceptable) 16. Statutes 17. Pursuant in the provisions of Sections 807.0502 and 807.1509. Florida Statutes 18. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is No	C/O PEDRO LUIS LOPEZ 11249 S.W. 34TH LANE C/O PEDRO LUIS LOPEZ 11249 S.W. 34TH LANE					DO NOT WRIT	E IN THIS S	PACE	
10/29/1985 2a. Mailing Address 4. Fet Number Applied For 59-2592794 Not Applied F	MIAMI FL 33165 MIAMI FL 33165								
Suite, Apt. #, etc. South, Ap									
Sulte, Apt. #, etc.	2. Principal P	Principal Place of Business 2a. Mailing Address						Ap	plied For
Sulle, Apt. #, etc.		+ ──				59-2592794		No	t Applicable
City & State Ci	Suite, Apt.					5. Certifcate of Status Desired			
Zip	City & Stat	· · · · · · · · · · · · · · · · · · ·				· •			
Some and Address of Current Registered Agent LOPEZ, PEDRO LUIS 11249 S.W. 34TH LANE MIAMI FL 33165 82 Street Address (P.O. Box Number is Not Acceptable) 83	Zip	Country Zip Co							
LOPEZ, PEDRO LUIS 11249 S.W. 34TH LANE MIAMI FL 33165 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 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, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, not advect the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, not apply the corporation's board of directors. I hereby accept the appointment as registered agent, not apply the corporation's board of directors. I hereby accept the appointment as registered agent, not apply the corporation's board of directors. I hereby accept the appointment as registered agent, not apply the corporation's board of directors. I hereby accept the appointment as registered agent, not apply the corporation's board of directors. I hereby accept the appointment as registered agent, not apply accept the apply accept th				<u>-, </u>		10. Name and Address of New R	egistered Ag	jent	
11.249 S.W. 34TH LANE MIAMI FL 33165 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0502, Florida Statutes. SIGNATURE 1		Mario 2112 / 122 / 123 / 123 / 123 / 123 / 123 / 123 / 123 / 123 / 123 / 123 / 123 / 123 / 123 / 123 / 123 /		81	Name				
MIAMI FL 33165 ### 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 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 office or registered agent agent and office or registered agent agent and office or registered agent agent and office or registered agent spinalure required when reinstating) 12.					Street Address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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) 12.				83					
### 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 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, and 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.				84	City	FI 85 Zip Code			
12.	agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes	-			THE IT AS TO	gistered
TITLE	12.	7				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
STREET ADDRESS 11249 S.W. 34TH LANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.4 CITY-		DPST	☐ DELETE 1.1				[Change	☐ Addition
TITLE	NAME	LOPEZ, PEDRO LUIS		1.2 NAME					1
DELETE	STREET ADDRESS	11249 S.W. 34TH LANE		1.3 STREE	FADDRESS				
NAME STREET ADDRESS CITY- ST- ZIP TITLE CITY- ST- ZIP TITLE DELETE STREET ADDRESS CITY- ST- ZIP TITLE DELETE Addition A	CITY-ST-ZIP	MIAMI FL 1.4		1.4 CITY-S	T-ZIP				
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TITLE DELETE 5.1 TITLE Change Addition				4	\ \				\ \
			□ DELETE		C-LIF			Change	☐ Addition
NAME 52 NAME				5.2 NAME					

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 supplier ental annual seport 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 by 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 12 if changes or on an attachment with an address, with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME Tedro Lius Lopez

☐ DELETE

305 559-2487

☐ Change

☐ Addition