PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90109 022 ***150.00

FILED

DOCUMENT # M39470

J.N. CC	ONSTRUCTION OF MIAMI,	INC.						
Principal Pla	ce of Business	Mailing Address				I I DOLLANI I 1901 tinik yann aran 2007 ara	N Afair Pearl Ribb	i denk finii insi
C/O JOAQUIN NUNEI C/O JOAQUIN NUNEI 9931 SW 38TH STREET 9931 SW 38TH STREET MIAMI FL 33165 MIAMI FL 33165						DO NOT WRITE IN TH	IS SPACE	
US US						- 3. Date incorporated or Qualifed 10/03/1986	7	
Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	pplied For lot Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			59-2730014 5. Certificate of Status Desired □	\$8.75 Additional Fee Required	
22 27 City & State City & State				-		6. Election Campaign Financing		 -
23	atc	28				Trust Fund Contribution Added to Fees		
Zip	— Country —	Zip		unitry -		8. This corporation owes the current year I		—————————————————————————————————————
24	25	29	30	,	· · · · · · · · · · · · · · · · · · ·	Personal Property Tax. 10. Name and Address of New Registere	☐ Yes d Agent	□No
	9. Name and Address of Curr	aur vadiara.an Adaur		81	Name	14. Ismile min Workers of them (14 Approve		
NUNEZ, JOAQUIN 9931 S.W. 38TH ST.				82	Street Addr	address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33165				83			 -	
				84	City		. 85 Zip	Code
}					•	<u>_</u>	LII	
SIGNATURE	Signature, typed or printed name of registered as	gent and trie if applicable. (No	OTE: Registered			oration, submits this statement for the purpose, on's board of directors. I hereby accept the app		
12.	OFFICERS A	ND DIRECTORS	13. 1.1 Ti	171 E		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE NAME	NUNEZ, JOAQUIN	L. DALLE	1.2 N					_
STREET ADORES	444 AUL 44TH AT		1.3 5	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL			ITY-ST	-ZIP			Addition
TITLE	,			2.1 TITLE			☐ Change	E. ADDITION
NAME	NUNEZ, JOAQUIN, JR. s: 9931 S.W. 38TH ST.		22 N		ADORESS			
STREET ADORES CITY-ST-ZIP	MIAM) FL		1	ATY-ST	1			
TIME		☐ D€LETE					☐ Change	☐ Addition
NAME			3.2 N	AME				
STREET ADDRES	s				ADDRESS			
CITY-ST-ZIP		DELETE		TY-ST			Change	[_] Addition
NAME		عالميه م	4, 2 N					
STREET ADDRES	s		4.3 \$1	TREET	ADDRESS	•		
CITY-ST-ZIP				ΠΥ-ST-	-ZIP			E 4.460-
TITLE		☐ D€LETE	5.1 TT 5.2 N				Change	Addition
NAME			•		ADDRESS			
STREET ADORES	5			TY-51-	- 1			
TITLE		☐ OELETE	6.1 ∏			-	Change	Addition
NAME			5.2 N/	AME				
STREET ADDRES	s				ADDRESS			
CITY-ST-ZIP	1		6.4 CI	TY- \$T-	-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 of 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 it changed, or potan attachment with an appears, with all other like empowered.

SIGNATURE:

ING OFFICER OR DIRECTOR