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 # M40371

RIGHT TRACK CONSTRUCTION. INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90057 011 ***150.00

HIMIT	II/ION CONCINCTION INC					
Principal Place	e of Business	Mailing Address		* 188(184) III 8181) E8184 (1)11 18881 1181		
3542 S.W. 16TH STREET 3542 S.W. 16TH STREET		3542 S.W. 16TH STREET				
MIAMI FL 33145		MIAMI FL 33145		DO NOT WRITE IN THIS SPACE		
	; ·				SPACE	
•	• •			3. Date Incorporated or Qualifed		
	·			10/21/1986		V- 4 F
	lace of Business	2a. Mailing Address	111.	4. FEI Number		lied For
	20 SW. 16ST		J 165T	59-2731688		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27				
City & State	0	City & State	4	6. Election: Campaign: Financing	#*00:5\$ Added to	•
23 M]	AMI, TL	28 MIAMI, 7	<u></u>	Trust Fund Contribution		rees
一 ^{Zip} マスト	45 Country		Country USA.	8. This corporation owes the current year In		⊒No
24 331	1 - 1 - 1		<u> </u>	Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81 Name	IV. Name and Address of New Registered	Agent	
CON	IZALEZ, JOSE		Name			
	•		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	•	
	2 S.W. 16TH STREET			<u>*</u>		
MIAI	MI FL .	•.	83			
	•		84 City		85 Zip C	ode
				FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	e above-named corp	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	f changing its r intment as red	egistered istered
office of r	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida S	tatutes.	orts pound of directors. Thereby decept the appe		
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agent		ered Agent signature require	d when reinstating) DATE	-	20.41.40
12.	OFFICERS AND		<u> 3.</u>	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSD .	☐ DELETE 1.	1 TITLE		Change	☐ Addition (
NAME	GONZALEZ, JOSE	1.	2 NAME			1
STREET ADDRESS	3542 SW 16TH ST	1.	3 STREET ADDRESS)
CITY-ST-ZIP	MIAMI FL :		4 CITY-ST-ZIP			
TITLE	·	☐ DELETE 2.	1 TITLE		Change	☐ Addition
NAME	į '	2.	2 NAME			1
STREET ADDRESS	, · <u>.</u>	2	3 STREET ADORESS			1
CITY-ST-ZIP		2	4 CITY-ST-ZIP			
TITLE _		☐ DELETE 3.	1 TITLE		☐ Change	Addition
NAME	131	3.	2 NAME			
STREET ADDRESS		3	3 STREET ADDRESS			}
	1		4. CITY-ST-ZIP			
CITY+ST-ZIP TITLE	<u> </u>		1 TITLE		Change	Addition
NAME		4	. 2 NAME	•		
Į.			3 STREET ADDRESS			{
STREET ADDRESS	· .		4 CITY-ST-ZIP		,	
CITY-ST-ZIP			1 TITLE		Change	Addition
TITLE			2 NAME		_ •	
NAME		B C	3 STREET ADDRESS			{
STREET ADDRESS			4 CITY-ST-ZIP			
CITY-ST-ZIP			1 TITLE		Change	Addition
TITLE	1		2 NAME			
NAME						
STREET ADDRESS			3 STREET ADDRESS			
CITY-ST-ZIP	· ·	. 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: TOSE VIGONZALEZA STANDER DIRECTOR

199 305-4412653 Daytime Phone #