

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 23, 1999 8:00 am
Secretary of State
08-23-1999 90008 016 ***150.00

DOCUMENT # M50300

1. Corporation Name

ADVANCED CONSTRUCTION SYSTEMS, INC.



Principal Place of Business

Mailing Address

**777-41ST ST
STE 330
MIAMI BCH FL 33140**

**777-41ST ST
STE 330
MIAMI BCH FL 33140
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1987

4. FEI Number

65-0037071

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

925 Arthur Godfrey Rd.

925 Arthur Godfrey Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #103

Suite #103

City & State

City & State

Miami Beach, FL

Miami Beach, FL

Zip

Country

Zip

Country

33140

25

USA

33140

29

USA

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAIEB, SERGE

777-41ST ST

STE 330

MIAMI BCH FL 33140

81 Name

Taieb, Serge

82 Street Address (P.O. Box Number is Not Acceptable)

925 Arthur Godfrey Rd.

83

Suite #103

84 City

Miami Beach

FL

85 Zip Code

33140

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PS** ☐ DELETE

NAME **TAIEB, SERGE**

STREET ADDRESS **777-41ST ST STE 330**

CITY-ST-ZIP **MIAMI BCH FL**

1.1 TITLE **PS** ☐ Change ☐ Addition

1.2 NAME **Taieb, Serge**

1.3 STREET ADDRESS **925 Arthur Godfrey Rd Suite 103**

1.4 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

8/16/99 (305) 534-4499

CR2E034 (5/99)

Advanced Construction Systems, Inc.

925 Arthur Godfrey Road, Suite 103
Miami Beach, FL 33140
Tel: (305)534-4494 Fax: (305)674-7622

M50300
608719-90008-16

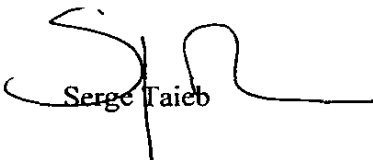
July 14, 1999

To: Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL

To Whom It May Concern,

Please find enclosed a copy of the Annual Report, check and the Express Mail which you received on April 29, 1999. It seems that our check was misplaced by your services and therefore our annual report has not been filed. Furthermore, you have sent us a 2nd notice to file our Annual Report for \$550.00, however, we sent our payment on time & therefore we should not have to pay this substantial fee. In addition, I am certain that you received this payment, because we sent two reports for two different companies in the same Express Mail envelope, and we have received the certificate for the other company. We would appreciate your help in resolving this matter promptly to avoid further inconveniences.

Thank You,


Serge Taieb

Ann.Rep.

P.S. Do you need us To do a Stop payment on
This check # 3753 & send you another check for
\$150.00? Please let us know.

Thank you
ST

M50300
608719-60008-16

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL
32302-1500

4a. Article Number

2320 085 042

4b. Service Type

- ☒ Certified
- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt
- ☐ Merchandise

7. Date of Delivery

JUL 19 1995

5. Received By: (Print Name)

Buff Lashley

8. Addressee's Address (Only if required and fee is paid)

6. Signature (Address fee or Xerox)

[Signature]

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800 April 1995

Postage	\$0.33
Certified Fee	\$1.40
Special Delivery Fee	\$0.00
Restricted Delivery Fee	\$0.00
Return Receipt Showing to Whom	\$1.25
Return Receipt Showing to Whom	\$0.00
TOTAL Postage & Fees	\$2.98

Post Office, State, & ZIP Code
Tallahassee, FL 32302

Street & Number
P.O. Box 1500

Sent to
Div. of Corp. Annual Report Filings

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

7 320 035 042

USPS 33140