## 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

2a. Mailing Address

Suite, Apt. #, etc.

26

## DOCUMENT # M51015

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

CAR-FER CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
2630 S.W. 109 AVE MIAMI FL 33165	2630 S.W. 109 AVE MIAMI FL 33165

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90004 034 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

04/27/1987 4. FEI Number

59-2796699

22		27			5. Certificate of Citation Booking	Fee Re	quired
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be
28				Trust Fund Contribution	Added to	· .	
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Curre	nt Registered Agent	<u> </u>		10. Name and Address of New Registered	d Agent	
		* 6	81	Name			
CARRERAS, CARLOS JR 2630 S.W. 109TH AVENUE MIAMI FL 33165			<u> </u>	82 Charl Address (D.O. Bay Number is Not Assentable)			
			82	82 Street Address (P.O. Box Number is Not Acceptable) 83			
			83				
			84	City	FI	85 Zip C	ode
<u> </u>		007.4500.51-34-04-4				_	ragistarad
11. Pursuant i	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was a	tes, the abov	re-named co r the corpora	orporation submits this statement for the purpose cation's board of directors. I hereby accept the appo	pintment as reg	jistered
agent. I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statute	s.	. , , , , ,		
SIGNATURE							
	Signature, typed or printed name of registered age			int signature requ	uired when reinstating) DATE	ND DIDECTO	DC (N) 12
12.	<del> </del>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	[] Addition
NAME	CARRERAS, CARLOS JR.		1.2 NAME				ì
STREET ADDRESS	2630 W. 109TH AVE		1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP			
TITLE	TVS	DELETE	2.1 TITLE			Change	☐ Addition
NAME	Carreras, Martha B.		2.2 NAME				
STREET ADDRESS	2630 SW 109 AVENUE		2.3 STREET				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME	ŀ			
STREET ADDRESS	텔 Tgi+		33 STREE	T ADDRESS		-	
•	<b>*</b>		3.4. CITY-	ļ			
CITY-ST-ZIP TITLE	<del></del>	☐ DELETE	4.1 TITLE	31- ZIF		Change	Addition
· .			4, 2 NAME			_ ,	_
NAME	•			i			)
STREET ADDRESS				TADDRESS			}
CITY-ST-ZIP		☐ DELETE	4.4 CITY-1	si-ZIP		Change	Addition
TITLE			5.1 TITLE 5.2 NAME			onenge	
NAME				T 4888500			
STREET ADDRESS	Ç1			TADDRESS			
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP		П.с.	
TITLE	ing services and the services of the services	☐ DELETE	6.1 TITLE	1		Change	☐ Addition
NAME	n principal Principal		6.2 NAME				-
STREET ADDRESS	1 \$ 1 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.3 STREE	TADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST- ZIP			
						antific thank that is	

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.