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→ PROFIT **CORPORATION** ANNUAL REPORT

1999

Corporation Name

DOCUMENT # M55817



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90243 027 ***150.00

| AMS CONSTRUCTION, INC. | | | | | | | | | |
|---|--|-----------------------------------|---------------------|-----------|--------------------|--|--------|------------|--------------|
| | | | | | | | | | # |
| Principal Place | of Business | Mailing Address | | | | - | UAN DI | SH UIDH I | |
| 261 GLENDALE DR. 1214 SW 2ND ST | | | | | | | | | |
| MIAMI SPRINGS FL 33166 MIAMI FL 33135 | | | | | | DO NOT WRITE IN THE | S SPA | CE | |
| US | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 07/20/1987 | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | Ap | plied For |
| 21 26 | | | | | | 59-2831174 | | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | • | • • • | Additional |
| 22 | | City & State | City & State | | | 1 de recomba | | | |
| City & State | • | ⊢ · | 28 | | | 6. Election Campaign Financing Trust Fund Contribution | | Added t | |
| Zip | Country | Zip | | | | 8. This corporation owes the current year in | | | |
| 24 | 25 29 30 | | | Ť | | Personal Property Tax. | Ľ۱ | | □No |
| | 9. Name and Address of Currer | nt Registered Agent | | | | 10. Name and Address of New Registered | l Ager | ıt | |
| | | | | 31 | Name | | | | |
| ACOSTA, NICOLAS | | | 1 | 32 | Street Addre | dress (P.O. Box Number is Not Acceptable) | | | |
| 261 GLENDALE DRIVE | | | - | | | | | | |
| MIAMI SPRINGS FL 33166 | | | 1 | 33 | | | | | |
| | | | | 34 | City | F | 85 | Zip (| Code |
| | | | | | named come | | | ding its | registered |
| 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 ai | m familiar with, and accept the obliga | itions of, Section 607.0505, Flo | rida Statut | es. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. (NOTE | Registered A | gent : | signature required | when reinstating) DATE | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | | |
| TITLE | PD | DELETE 1.1 | | | | | | Change | ☐ Addition |
| NAME | ACOSTA, NICOLAS | | | | | | | | |
| STREET ADDRESS | LOT GEET BITE | | | EET A | ADDRESS | | | | |
| CITY-ST-ZIP | | | | ′-\$T- | -ZIP | | | Change | Addition |
| TITLE | VSD DELETE 2.1 | | | | | | Ų, | Jisange | Addison |
| NAME | ACOSTA, ANA R | | | | | | | | |
| STREET ADDRESS | LOT GLETTO TEL DIT | | | | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | MIAMI SPRINGS FL 33166 2.4 | | | -ZIP | | | Change | Addition |
| TITLE | | 320 | | | | | _ | V - | _ |
| NAME STREET ADDRESS | C | | | _ | ADDRESS | | | | 1 |
| | | | | Y-ST- | | | | | |
| CITY-ST-ZIP TITLE | DELETE 4.1 TI | | | | | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST | | -ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITL | 5.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | | 5.2 NAME | | | | | 1 |
| STREET ADDRESS | , · | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY | | - ZiP | | | <u></u> | |
| TITLE | | ☐ DELETE | 6.1 TITL | | | | □. | Change | ☐ Addition |
| NAME | | | 6.2 NAM | | | | | | |
| STREET ADDRESS | STREET ADDRESS | | | | ADDRESS | | | | Ì |
| CITY-ST-ZIP | 6.4 C | | | /-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::

SIGNING OFFICER OR DIRECTOR

Daytime Phone #