May 08, 1999 8:00 am Secretary of State

05-08-1999 90063 004 ***150.00

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

DOO! IMENIT

1. Corporation Name ADV CONSTRUCTION CORPORATION	i					
Principal Place of Business Mailing Address				1 18818811 181 81161 18191 18116 18111 188	i Aiāli Bibil sisti alati A	
1844 PLEASANT DR. 1844 PLEASANT P.O. BOX 14903. N.P.B. FL P.O. BOX 14903. JUNO FL 33408 JUNO FL 33408		1903. N.P.B. FL		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				09/10/1987		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21 26				NOT APPLICABLE	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22 27					Fee Re	
City & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•
		Country		 This corporation owes the current y Personal Property Tax. 		□No
9. Name and Address of Current		<u>'</u>	_	10. Name and Address of New Regis	tered Agent	
		81	Name			
VAZQUEZ, ALEJANDRO D. 1844 PLEASANT DR. JUNO FL 33408		82 Street Addr		ress (P.O. Box Number is Not Acceptable)		_
				· · · · · · · · · · · · · · · · · · ·		
		84	City		FL 85 Zip C	code
11. Pursuant to the provisions of Sections 607.0502	and 607 1509. Elorida Statutos	the above	-named corr	poration submits this statement for the pure	ose of changing its	registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida, Such change was auti	iorized by i	the corporati	on's board of directors. I hereby accept the	appointment as reg	gistered
SIGNATURE	ad title of applicable (NOTE: Re	mistered Anent	signature require	ed when reinstating) D	ATÉ	
	Signature, typed or printed name of registered agent and title if applicable (NOTÉ: Re-			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE OPS	☐ DELETE	13. 1.1 TITLE 12 NAME			Change	Addition
NAME VAZQUEZ, ALEJANDRO D.						
STREET ADDRESS 1844 PLEASANT DR.		1.3 STREET ADDRESS				
CITY-ST-ZIP NORTH PALM BEACH FL		1.4 CITY-ST-ZIP			□ Change	- Addition
TITLE VT	☐ DELETE	2.1 TITLE 2.2 NAME			Change	Addition
NAME VAZQUEZ, IRENE H.			ADDRESS			
STREET ADDRESS 1844 PLEASANT DR.		2.3 STREET				
CITY-ST-ZIP JUNO FL	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE			☐ Change	Addition
NAME	_	3.2 NAME				
STREET ADDRESS		33 STREET	ADDRESS			
CITY-ST-ZIP		3.4, CITY-ST-ZIP				
TITLE	☐ DELETE 4.1 TITLE			☐ Change	Addition	
NAME		4. 2 NAME				
TREET ADDRESS . 4.		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST	-ZIP		[] (Character)	/
TITLE	☐ DELETE	5.1 TITLE			Change	Addition
NAME		5.2 NAME	1			
STREET ADDRESS		5.3 STREET	ADDRESS	1		

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.

Like A Chapter 607, Florida Statutes, and that my name appears in the composition of the receiver of the corporation of the receiver of trustee empowered.

SIGNATURE:

A Chapter 607, Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I furthe

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

(561)6262011

☐ Addition

Change