FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M76157



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

PROFIT FLORIDA DEPARTMENT OF STATE

May 10, 1999 8:00 am Secretary of State

05-10-1999 90106 030 ***150.00

AVANTI	Builders & Developers,	INC.					
Principal Place	e of Business	Mailing Address		·			01611 9181) 1801
13806 SHADY SHORES DRIVE 13806 SHADY SHORES DRIV TAMPA FL 33613 TAMPA FL 33613					DO NOT WRITE IN TH	HIS SPACE	
					3. Date Incorporated or Qualifed		
					04/12/1988		}
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	oplied For
26					59-2887700	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #,					5. Certificate of Status Desired	¥	Additional equired
22 27			_				
City & Stat	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip					8. This corporation owes the current year Intangible Personal Property Tax.		
24	9 Name and Address of Current				10, Name and Address of New Register		
9. Name and Address of Current Registered Agent				Name	ANTONIO CASTRO		
SALCINES, E.J. ESQ.					ress (P.O. Box Number is Not Acceptable)		
ONE TAMPA CITY CENTER, SUITE 2350			82	Street Addi	13806 SHABY SHORE	5 DR.	
101 N. FRANKLIN ST.			83				
TAMPA FL 33602			84	City -		. 85 Zip	Code
				' /			Code 36/3
l office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State com familiar with, and accept the obligate Control Signature, typed or printed name of registered agent	of Florida. Such change was authorions of, Section 607.0505, Florida	Statutes	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as re	egistered
12.	OFFICERS ANI		13.	it bigitato i viqui v	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
TITLE			1,1 TITLE			☐ Change	Addition
NAME	CASTRO, ANTONIO IV		1,2 NAME	1			
STREET ADDRESS	TARGE START STARTS BEING		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE	V □ DELETE 2.1 TO		2.1 TITLE			☐ Change	Addition
NAME	Chomo, Autorio		2.2 NAME				
STREET ADDRESS	0000 111 100 112 112 112 112 112			ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		Change	Addition
TITLE			3.1 TITLE 3.2 NAME			onange	
NAME STREET ADDRESS	771 7210017, 2710 10		3.3 STREET	ADDDESS			ľ
			3.4. CITY-S				
CITY-ST-ZIP TITLE	1/1/11 /3 I L 00067	☐ DELETE	4,1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 C/TY-S1	T-21P			
TITLE		☐ DELETE	5.1 TMLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		T DELETE	5.4 CITY-ST 6.1 TITLE	r-ziP		Chanca	Addition
TITLE	I	☐ DELETE	U. FRILE			Change	LJ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS



4/26/99 813- 264-2404