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

Mailing Address 4960 S.W. 72 AVENUE

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # **P93000026619**1. Corporation Name

Principal Place of Business

4960 - S.W = 72 - AVENUE = ---

SUPERIOR SURVEYING, INC.

#305 MIAMI FL 33155 MIAMI FL 33155			₹ · · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE		
MIAMI FL 33155 US		US		3. Date incorporated or Qualifed		
				04/12/1993	_	
2. Principal Place of Business 2a. M		2a. Mailing Address	<del>_</del>	4. FEI Number	Applied For	
21		26		65-0401616	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		E Contiferate of Status Desired (IX)	5 Additional	
22		27		Fei	e Required	
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	00 May Be fed to Fees	
Zip Country		Zip Country		Tract and contribution	ied to rees	
Zip	25	29 30	¬	8. This corporation owes the current year intangible Personal Property Tax.	□No	
24	9. Name and Address of Current	<del></del>	<u> </u>	10. Name and Address of New Registered Agent		
81 Name GOALZALO & DORTA						
93 Street Address (B.O. Boy Number is Not Assentable)					-	
* RELLEI DITE & WAITHEN					<u> </u>	
2400 MIAMI CENTER 201 S BISCAYNE BLVD						
MIAMI FL 33131-2399  84 City Co						
			1770	oral Gables FL 3	50134	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above armed 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 beard of directors. I hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sterutes.						
SIGNATURE GONZALO R. DORTA						
12.	Signature, typed or printed name of registered agent a OFFICERS AND		gistered Agent signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE	V OFFICERS AND	DELETE	1.1 TITLE	Chal		
NAME	BIDDIX, EVA M		1.2 NAME	LOUIS J. LEBRON COL		
STREET ADDRESS	9485 SUNSET DRIVE, SUITE A-2	205	1.3 STREET ADDRESS	4960 SW 72 Avenue, SUIT	e 305	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI- FL: 30132		
TITLE	TPD	☐ DELETE	2.1 TITLE	TPD XChai	nge Addition	
NAME	LANDIN, ALFREDO JR.		2.2 NAME	LANDIN, ALFREDO, JR.	206	
STREET ADDRESS	9485 SUNSET DRIVE, SUITE A-2	205	2.3 STREET ADDRESS	4960 SW 72 Avenue - SUITE	205	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI - FL - 33155		
TITLE	SD	☐ DELETE	3.1 TITLE	5D Chai		
NAME	LANDIN, ANA		3.2 NAME	LANDIN, ANA 4960 SW 72 Avenue - SUITE 3	80 <b>S</b>	
STREET ADDRESS	9485 SUNSET DRIVE, SUITE A-2	205	3.3 STREET ADDRESS	MIAMI - FL 33155		
CITY-ST-ZIP	MIAMI FL	[] DELETE	3.4. CITY-ST-ZIP	MIAMI - FL 33155	nge Addition	
TITLE		□ UELETE	4.1 TITLE 4.2 NAME	MALOUIS SIEL MAIA		
NAME			4.2 NAME 4.3 STREET ADDRESS	4960 SW 72 AVENUE - SUME	305	
STREET ADDRESS	•		4.3 STREET ADDRESS	MIAMI, FL 33155		
TITLE		DELETE -	5.1 TITLE	☐ Chai	nge Addition	
NAME			5.2 NAME		_	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY- ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	☐ Cha	nge Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-7IP			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 supplied 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 processor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or Block 12 or Block 13 if changed, or op

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90013 002 \*\*\*158.75

CR2E034.(11/98)