Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90205 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027813

1. Corporation Name

CONCEDUATION INC

CONSTR	IUXTON, ING								
Principal Place	o of Business	Mailing Address			-	 		HANK INNAF KARAL I	() 18 8 18 18 18 18 18 18 18 18 18 18 18 18 18
•		P O BOX 611442							
2090 N E 139TH N MIAMI FL 331		N. MIAMI FL 33261-1442							
US US						DO NOT WRITE IN THIS SPACE			
· .						3. Date Incorporated or Qualifed	l		
						04/15/1993			
2. Principal Pl	lace of Business	2a. Mailing Address	=			4. FEI Number		Apr	olied For
21		26				65-04024 <u>9</u> 4			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	–	\$8.75 A		
22	···	27						Fee Red	<u></u>
City & State	e	City & State	٠.		e 4	6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	rees
Zip	Country	Zip	Country	у		8. This corporation owes the cur	rent year Int	angible Yes	⊠ No
24	25		30			Personal Property Tax. 10. Name and Address of New	Pagietarad		E IVO
	9. Name and Address of Current	Registered Agent	81	1 No	ime	10, Name and Address of New	Registered	Agent	_
HOI.	NSON, ROBERT			1					
	N E 139TH STREET		82	2 St	reet Addres	ss (P.O. Box Number is Not Accep	table)		
	IAMI FL 33181		83	2				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
14 1711	Editi 1 E 00 io i	•	*`	۱"					
	A section of the sect		84	4 Ci	ty	-	FL	85 Zip C	ode
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	ve-nai	ned corpor	ation submits this statement for the	e purpose of	changing its	registered
	" the seed annual and back in the Ctote of	4 Claudda - Cook abaaaaaa ac	.4		comoration	's board of directors. I hereby acce	ept the appoi	ntment as reg	listerea
office or n agent. I a	registered agent, or both, in the State or mail familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statute	v the i	Sorporation	a bould of directors. Thereby adde			
office or n agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flor	nda Statute	y the i					
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flor and title if applicable. (NOTE:	Registered Age	y the i		when reinstating)	DATE		
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS