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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000059557

1. Corporation Name

D.U.R.A. CONSTRUCTION AND DEVELOPMENT CORP.

			•								
Principal Place of Business Mailing Address			g Address			•			13 10 0	OTHER COSTS OFFI	E11(1 130) 130)
5601 SW 99 AVE.		5601 S	5601 SW 99 AVE.						•		
MIAMI FL 33173			MIAMI FL 33173				DO NOT WRITE IN THIS SPACE				
US		US	·				3. Date incorporated or t		E IIV THIS	SPACE	
				•			08/25/1993				
2. Principal P	lace of Business	2a. Ma	ailing Address				4. FEI Number			Ap	plied For
21		26	J				65-0434833			No	t Applicable
Suite, Apt.	#, etc.	$\overline{}$	ite, Apt. #, etc.				5. Certificate of Status De	anirod		\$8.75	Additional
22		27					5. Certificate of Status Di	esiled	<u>.</u>	Fee Re	equired
City & Stat	e	Cit	ty & State				6. Election Campaign Fit	nancing		\$5.00	
23		28					Trust Fund Contribution			Added 1	to Fees
Zip	Country	Zip)	Cou	ntry		8. This corporation owes		nt year Int		ıı́No
24	25	29		30			Personal Property Tax			☐ Yes	UNO .
	9. Name and Address of Curr	ent Registere	ed Agent		81	Name	10. Name and Address	OT NEW K	agistereu	Agent	
AI F	ONSO, JESUS F				"	Manie					
	SW 99 AVE.				82	Street Addi	ress (P.O. Box Number is No	t Acceptal	ole)		
	MI FL 33173				83						
4											
					84	City			FI	85 Zip (Code
	to the provisions of Sections 607.0	502 and 607 1	1500 Eleride Statu	tes the a	hove		poration submits this statemer	nt for the c	urnose of	- changing its	registered
AA Dissource						-named com					nictored
office or r	egistered agent, or both, in the Sta	te of Florida. S	Such change was a	authorized	1 by 1	the corporation	on's board of directors. I here	by accept	the appor	intment as re	gistered
office or r	egistered agent, or both, in the Starm familiar with, and accept the obli-	te of Florida. S	Such change was a	authorized	1 by 1	the corporation	on's board of directors. I here	by accept	tne appoi	ntment as re	gistered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli-	te of Florida. S gations of, Se	Such change was a ction 607.0505, Flo	authorized orida Stat	i by i utes.	the corporation	on's board of directors. I here	by accept	DATE	intment as re	gistereu
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office or ragent. I a SIGNATURE 12.	egistered agent, or both, in the Starm familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS /	te of Florida. S gations of, Se	Such change was a ction 607.0505, Flooring (NOTE)	E: Registered 13. 1.1 TI	Agen	the corporation	on's board of directors. I nere	eby accept	DATE	ND DIRECTO	PRS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP