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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

# DOCUMENT # **P93000084811**

### AMERICAN BUILDERS CORPORATION

Principal Place of Business

Mailing Address

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90007 008 \*\*\*150.00



7136 BUNITA I	UK.	7136 BUNETA DR.						
SUITE 7		SUITE 7			DO NOT	WRITE IN THIS S	PDACE	. 1 *.
MIAMI BEACH	FL 33141	MIAMI BEACH FL 33141					J-ACL	• • • • •
					3. Date Incorporated or Quali	ited .		ł
		•			12/13/1993			-
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
<b>─</b> ;	440	26			65-0505710		, <del>    -</del>	t Applicable
21 Suita Ast	# ata	Suite, Apt. #, etc.			00 00007 10			Additional
Suite, Apt.	. # <sub>i</sub> etc.	<del> </del>			5. Certifcate of Status Desire	d 🗀	<b>+ -</b> · ·	
22		27					ree Re	equired
City & Stat	te	City & State		-	6. Election Campaign Financ	<sup>ing</sup> □	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the	current vear Inta	naible	
24	25	29	30	-	Personal Property Tax.	•	Yes	□No
24	9. Name and Address of Current		1301		10. Name and Address of Ne			
			8	1 Name	IV. Name and Address of Ne	w registered A	gent	
CIB			°	' Ivaille			•	
	OCI, VLADIMIR	34	8	2 Street Add	ddress (P.O. Box Number is Not Acceptable)			
	6 BONITA DR.	w f s	١				 	
STE	7		8	3	3 1 1 1 1 1 1 1 1 1 1 1		कपूर्व होते दुर्ग	1 (4)
MIA	MI BEACH FL 33141							Strike Kill
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<u> </u>	rain 1995	*						
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the abo	ve-named corp	poration submits this statement for	the purpose of c	hanging its	registered
office of r	registered agent, or both, in the State of am familiar with, and accept the obligation	or Florida. Such change was a ions of Section 607.0505. Flo	autnorized b orida Statute	y me corporati s.	ion's board of directors. I hereby a	ccept the appoint	imeni as re	gistered .
	10 1				9.	11/99		•
SIGNATURE	Signature, typed or printed name of registered agent					DATE		
	ciuliadre, typed or princed name of registered adent		F. Registered An	ent signature require	ed when reinstating) . 1			
12				ent signature require	ed when reinstating)	12	DIRECTO	RS 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.

SIGNATURE: