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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016209 (6)

BUILDER'S ESTIMATING SERVICES, INC.

Principal Place of Business Mailing Address

1480 WEST 4TH LANE 1480 WEST 4TH LANE
HIALEAH FL 33010 HIALEAH FL 33010

FILED May 19 1998 8:00am Secretary of State



(200) 085,0201

MALEAN PL 33010		HIALEAN PE 33010			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					03/01/1994		
2. Principal Pi	ace of Business	2a. Mailing Address					oplied For
21		26					ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State		City & State			2 States Commiss States		
23		28			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the o		
24	25	29	30		Personal Property Tax due June 30.		No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	d Agent	
GA	rcia, jose			81 Name			
146	80 WEST 4TH LANE		-	82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
HIA	LEAH FL 33010		}	00			
			L	83			
				64 City	F	85 Zip	Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Statu	utes, the ab	ove-named co	progration submits this statement for the purpose	of changing it	ts registered
office or re agent I ar	e gistere d agent, or both, in the State m fami liar with, and accept the oblic	e of Florida. Such ch ange was ations of, Section 60 7.0505 , F	s authorized Horida Statu	l by the corpor ites.	ration's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE							
12.	Signature, typical or punited macric of registered ag	est and tille # appocable (NC ID-DIRECTORS	III. Registered	Agent signature rec	Quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		2C IN 12
TITLE	DP	DELETE	1.1 [1]	IF.	ADDITIONO/OTANGES TO OTT TOLING A	Change	Addition
NAME	GARCIA, JOSE	-	1.2 NA				
STREET ADDRESS	1460 WEST 4TH LANE			REET ADDRESS			
CITY-ST-ZIP	AMALES IN THE		1	Y-S7-ZIP			
TITLE	DVP	DELETE	2.1 101			Change	Addition
NAME	MORALES, MARIO		2.2 NA	ME			
STREET ADDRESS	8810 NW 150 ST			REET ADDRESS			
CITY-ST-ZIP	MAMI FL			IY-ST-ZIP			
TITLE		DELETE	3.1 117			Change	Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3 3 STF	IEET ADDRESS			
CITY-ST-ZIP			3 4. C/l	IY-ST-ZIP			
TITLE		DELETE	4.1 TIT	LE		Change	Addition
NAME			4.2 NA	ME			
STREET ADDRESS			4.3 STF	REET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y - ST - ZIP			
TITLE		DELETE	5.1 TIT	le		Change	Addition Addition
NAME			5.2 NAI	ME			
STREET ADDRESS			5.3 STF	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP		·	
TITLE		☐ DELÉTE	6.1 T(T)	r£		Change	Addition
NAME			6.2 NAI	ME			
STREET ADDRESS			6.3 STF	REET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-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 offect as if made under oath; that I am an officer or director of the corporation or the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, so on an attachment will fun address.