PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POACOCO22022

1. Corporation	CONSTRUCTION COMPAN	Y						
Principal Plac	ce of Business	Mailing Address		_		- I SUMISTON CEN NOTE BEAUT OFFICE AND IN	(BIB HIBH BEH	
11201 SW 60 AVE 11201 S.W. 60TH AVE. MIAMI FL 33156 MIAMI FL 33156-4922 US						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 03/22/1994		
2. Principal	Place of Business	2a. Mailing Addres	is			4. FEI Number	A	pplied For
21	26					65-0479815		ot Applicable
	e, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22	27					J. 30 1110010 0 0 0 11100 1 0 1 1 1 1 1 1	Fee R	lequired
City & State City & State				•		6. Election Campaign Financing		May Be
23	28				**************************************	Trust Fund Contribution		to Fees
Zip	Country Zip			untry	•	8. This corporation owes the current year Intangible		
24	25	29	30			1 Cladriai t roporty tax:	Yes	□No
<u> </u>	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered A	gent	
SEE	BAI, SOBHI			0'	Name			
11201 S.W. 60TH AVE.				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33156-4922				-				
14117	WITE 33130-4922			83				1
				84	City	FL	85 Zip	Code
l office or	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change gations of, Section 607.05	was authorize 05, Florida Stat	d by tutes	the corporate	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	tment as r	egistered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	ORS IN 12
TITLE	PSD	☐ DEL	ETE 1.1 T	TILE			Change	☐ Addition
NAME	SEBAI, SOBHI I		1.2 N	AME				
STREET ADDRESS	AAAAA AARAAARAA		1.3 S	TREE	TADORESS	•		
CITY-ST-ZIP	MIAMI FL 33156-4922		1.4 0	ITY-S	T-ZIP			
TITLE		DEL	ETE 2.1 T	ITLE			Change	☐ Addition
NAME		•	2.2 N	AME				
STREET ADDRESS	3		2.3 S	TREE	TADDRESS			
CITY-ST-ZIP			2.44	CITY-S	ST-ZIP			
TITLE		□ DEL	ETE 3.1 T	TLE			Change	Addition
NAME		_	3.2 N	IAME				
STREET ADDRESS	6		3.3 S	TREE	TADDRESS	•		
C/TY-ST-Z/P			3.4. 0	CITY-S	ST-ZIP			
TITLE		☐ DEL	ETE 4.1 T	M.E		- 	Change	☐ Addition
NAME			4.21	NAME				
STREET ADDRESS	3		4.3 S	TREE	TADORESS			
CITY-ST-ZIP			4.4 0	ITY-S	T-ZIP			
TITLE		□ DEI	ETE 5.1 T	ITLE			Change	☐ Addition
NAME			5.2 <u>N</u>	IAME				
STREET ADDRESS	3		5.3 9	TREE	T ADDRESS			{
CITY-ST-ZIP			5.4 0	TY-S	iT-ZîP			
TITLE		DEL	.ETE 6.1 T	TILE			[] Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

LILE CELETUPSO BITE CHRANE B

786-525 7198

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90146 027 ***150.00