Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90143 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000056753**

1. Corporation Name

COBAD	CONSTRUCTION PARTNE	RSHIP INC.						
Principal Place	of Business	Mailing Address				i inditate un entre entre matte dater matte		,, 51,125 ,,,,, 125,
1301 W. 68TH 5	ST.	1301 W. 68TH ST.						
HIALEAH FL 33014 HIALEAH FL 33014						DO NOT WRITE IN	THIS SPACE	
US		US				3. Date Incorporated or Qualifed	THIS SPACE	
						08/01/1994		ľ
- D: : 10	- A Division	2a. Mailing Address				4. FEI Number	I A	pplied For
─ 1 '	lace of Business	 				65-0517357	⊢ +−	ot Applicable
Suite, Apt.	# 010	26 Suite, Apt. #, etc.						Additional
	#, etc.	27				5. Certifcate of Status Desired	*	tequired
City & State		City & State				6. Election Campaign Financing	\$5,00	May Be
	-	28				Trust Fund Contribution		to Fees
23 Zip	Country	Zip		untry		8. This corporation owes the current ye		
	25	29	30	,		Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Curre		1901			10. Name and Address of New Regist	ered Agent	
-				81	Name		•	
ROD	RIGUEZ, ROY				Ob - 1 A 1 1	one (D.O. Bay Number is Not Assentable)		
1301	W 68TH ST			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
HIAL	EAH FL 33014			83				
						•		
				84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.09	502 and 607.1508, Florida Stat	utes, the a	above	-named corp	oration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing it	s registered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was	authorize	d by t	the corporation	on's board of directors. I hereby accept the	appointment as r	egistered
ayent. i ai	in landina with, and docopt the oblig	gations of, Section 607.0000, i	ionua Sia	tutos.	•			1
SIGNATURE					•	·		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registere	d Agen	•	d when reinstating) DA		ORS IN 12
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable. (NO	TE: Registere	ed Ageni	•	·		
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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:

CITY-ST-ZIP

02/04/99