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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400070679

1. Corporation Name

METRO CONSTRUCTION MANAGEMENT CORP.

Principal P ace of Business 1228 WEST AVENUE APT, 513 Mailing Address

1228 WEST AVENUE APT. 513 MIAMI BEACH FL 33139

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90079 015 ***150.00



MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/26/1994 2a. Mailing Address 4. FEI Number Apriled For 2. Principal Place of Business Not Applicable 65-0526507 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifo ite of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing \Box Added to Fees Trust Fund Contribution 23 28 Country Cour try Zip 8. This or rporation owes the current year intangible Zip Personal Property Tax. ☐ Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LOTTMAN, LORNA M Street Acdress (P.O. Box Number is Not Acceptable) 1228 WEST AVENUE APT. 513 MIAMI BEACH FL 33139 83 Zip Code 84 City 85 F١ 11. Pursuant to the provisions of Sc ctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent, and title if applicable (NOTI:, Registered Agent signature required when reinstating) ADDITICINS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE **PSD** 1.2 NAME LOTTMAN, PAUL H NAME 1228 WEST AVENUE APT. 513 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 1 4 CITY-ST-ZIF CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-SY-ZIP CITY-ST-ZIP Addition Change The ete 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE

CITY-ST-ZIP 14. Thereby 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 or rtify 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 chapted/or on an attachment/with an address, with an other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

3053862052

R2E034 (11/98)