**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000081211**1. Corporation Name

US

AZTEC CONSTRUCTION SERVICES CORP.

Principal Place of Business	
3748 SW 64TH AVE	

2. Principal Place of Business

Mailing Address

P.O. BOX 290293 DAVIE FL 33329

2a. Mailing Address

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90117 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

11/04/1994

4. FEI Number

	5 SW 56 AVE	26 3900 SW	56	407	65-0533114	INC	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1 2	Additional .
22 Dav	ie Florider.	27 Davie F	•			Fee Re	quirea
City & Stat		City & State			6. Election Campaign Financing	□ \$5.00 Added t	•
23 333		28 3 <i>33/4</i> ·			Trust Fund Contribution	<del></del>	o rees
Zip ─_	Country	Zip	Country		8. This corporation owes the curre	ent year intangible Yes	□No
24	25	<del></del>	30		Personal Property Tax.  10. Name and Address of New Re		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New N	egistered Agent	
AME	RILAWYER		81	Name	-		
-	ALMERIA AVENUE		82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)	
COR	AL GABLES FL 33134		83				
			84	City		85 Zip 0	Code
				•		FL	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-	named corpo	ration submits this statement for the	purpose of changing its	registered
office or r	egistered agent, or both, in the State of medical field in the state of the field in the state of the obligation of the state of the obligation of the oblig	nt Florida. Such change was aut	tnorized by th	ne corporation	n's board of directors. I hereby accept	t the appointment as re-	figrered.
_	in laminar with, and accept the obligati	ons on, occurr our room, i lone	aa olalatoo.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent s	signature required	when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
TITLE	P	☐ DELETÉ	1.1 TITLE			☐ Change	☐ Addition
NAME	MARQUEZ, ALFONSO		1.2 NAME				
STREET ADDRESS	2024 N 23RD AVE		1.3 STREET A	ADDRESS			
	HOLLYWOOD FL		1.4 CITY-ST-				
CITY-ST-ZIP	S	☐ DELETE	2.1 TITLE	ZIP .		Change	Addition
TITLE	_		2.2 NAME		•	_ ,	_
NAME	MARQUEZ, ESPERANZA						
STREET ADDRESS	2024 N23 AVE		2.3 STREET A			. •	-
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-	ZIP		Change	Addition
TITLE							
		☐ DELETE	3.1 TITLE		-	. Cliarige	_
NAME		☐ OELETE	3.1 TITLE 3.2 NAME		•		_
NAME STREET ADDRESS		☐ DELETE		DDRESS	•		
			3.2 NAME				
STREET ADDRESS		☐ DELETE	3.2 NAME 3.3 STREET A			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			3.2 NAME 3.3 STREET A 3.4. CITY-ST-		·		☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE			3.2 NAME 3.3 STREET A 3.4. CITY-ST- 4.1 TITLE	ZIP	·		☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.2 NAME 3.3 STREET A 3.4. CITY-ST- 4.1 TITLE 4.2 NAME	ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4 2 NAME 4.3 STREET A	ZIP			☐ Addition
STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP		□ DELETE	3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST-	ZIP		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DELETE	3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4 2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE	ZIP DDRESS ZIP	·	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ DELETE	3.2 NAME 3.3 STREET A 3.4 CITY- ST- 4.1 TITLE 4 2 NAME 4.3 STREET A 4.4 CITY- ST- 5.1 TITLE 5.2 NAME	ZIP  DDRESS ZIP  DDRESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	3.2 NAME 3.3 STREET A 3.4 CITY- ST- 4.1 TITLE 4 2 NAME 4.3 STREET A 4.4 CITY- ST- 5.1 TITLE 5.2 NAME 5.3 STREET A	ZIP  DDRESS ZIP  DDRESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE		☐ DELETE	3.2 NAME 3.3 STREET A 3.4 CITY- ST- 4.1 TITLE 4 2 NAME 4.3 STREET A 4.4 CITY- ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY- ST-	ZIP  DDRESS ZIP  DDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.2 NAME 3.3 STREET A 3.4 CITY- ST- 4.1 TITLE 4 2 NAME 4.3 STREET A 4.4 CITY- ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY- ST- 6.1 TITLE 6.2 NAME	JDRESS ZIP DDRESS ZIP		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE		☐ DELETE	3.2 NAME 3.3 STREET A 3.4. CITY- ST- 4.1 TITLE 4 2 NAME 4.3 STREET A 4.4 CITY- ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY- ST- 6.1 TITLE	DDRESS DDRESS ZIP DDRESS ZIP		☐ Change	☐ Addition

indicated on this annual report or supplied with an all ling does not qualify for the exemption stated in Section 13.67(3)(i), it foliated states in the carried carry that it 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.

