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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90200 014 ***150.00

DOCUMENT#	P95000044872
Corporation Name	1 000000 1 101 2

PROFES	SIONAL HOME (& BUILDING INST	PECTIONS, INC.						
Principal Place	e of Business	Ma	ailing Address			1 18 91/9 91 516 181/91 91/11 319/11	8 8 14 1 8 8 15 1 8 8 1 14 8	1811 M:48) (8:11)	0010 1101 1031
7343 SW 113TH	+ CIRCLE PLACE	734	43 SW 113TH CIRCLE I	PLACE	•				
MIAMI FL 33173		MIA	AMI FL 33173					00.05	
-							RITE IN THIS	SPACE	
						3. Date Incorporated or Qualife	ea .		
						06/02/1995		1	r d Can
2. Principal Pi	lace of Business	2a.	. Mailing Address			4. FEI Number			plied For
21		26				65-0604872			t Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Re	
22		27	07. 0.00.						
City & Stat	e _	. 1-	City & State			6. Election Campaign Financin	g 🗆	\$5.00	•
23		28		Countr		- Trust Fund Contribution -	• •	. Added to	o rees
Zip	Cour	· —	Zip		у	8. This corporation owes the cu	ırrent year inti		□No
24	25	29	-4 A	30		Personal Property Tax. 10. Name and Address of New	Registered		
	9. Name and Add	Iress of Current Regis	stered Agent	8	1 Name	10. Italii alia risalass si ita.	, itogration a		
VA70	QUEZ, JOSE D								
	SW 113TH CIRCL	E PLACE		82	2 Street A	ddress (P.O. Box Number is Not Acce	ptable)		
	/II FL 33173	LILAGE		8:	3		!		
IAITCAN	WII I E 33173			0.	1				
				84	4 City		FL	85 Zip C	Code
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office or r	calletered agent or ha	ections 607.0502 and 6 oth, in the State of Floric ocept the obligations of	da. Such chande was i	autnonzed b	v tne corboi	orporation submits this statement for that ation's board of directors. I hereby acc	ept the appoi	ntment as rec	gistered
agent. I a	illi tatrimar with, and a	ccept the obligations of	, Section 607.0505, Fi	onga Statute	s.				
	illi talrilliar willi, ariu a	ccept the obligations of			·s.				
agent. I a SIGNATURE		ame of registered agent and title	if applicable. (NOT		·s.	juired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed na		if applicable. (NOT	E: Registered Ag	ent signature rec	juired when reinstating) ADDITIONS/CHANGES TO 0			
SIGNATURE	Signature, typed or printed na	ome of registered agent and title	if applicable. (NOT	E: Registered Age 13. 1.1 TITLE	ent signature rec	· · · · · · · · · · · · · · · · · · ·		D DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed na D VASQUEZ, JOSE	ame of registered agent and title OFFICERS AND DIRE	if applicable. (NOT	E: Registered Ag	ent signature rec	· · · · · · · · · · · · · · · · · · ·			
SIGNATURE 12. TITLE	Signature, typed or printed na D VASQUEZ, JOSE 7343 SW 113TH	ame of registered agent and title OFFICERS AND DIRE	if applicable. (NOT	E: Registered Agr 13. 1.1 TITLE 1.2 NAME	ent signature rec	· · · · · · · · · · · · · · · · · · ·			
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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 e-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 copporation 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP