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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOTORO1

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90065 045 ***150.00

1. Corporation Name CONSTRUCTECH								
Principal Place of Busines	5	Mailing Address						
10045 SW 218TH ST 10045 SW 218TH ST								
MIAMI FL 33190 MIAMI FL 33190					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					09/11/1995			ļ
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		TA	pplied For	
21 26					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_			\$8.75	Additional
22		27			5. Certifcate of Status Desired		Fee R	equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the curr	rent year Int		
24	25	29	30		Personal Property Tax.		Yes	□No_
	and Address of Current	t Registered Agent		_	10. Name and Address of New I	Registered	Agent	
041/0411 1041				1 Name				ŀ
SAKRAN, ADAM			1	Street Add	dress (P.O. Box Number is Not Accept	able)		
10045 SW 218				out of vide to the vide vide vide vide vide vide vide vid				
MIAMI FL 3319)		8	13				
			1	34 City		FL	85 Zip	Code
44 D	of Cootions (07 050)	2 and 607 1509 Florida Status	toc the ab	we-named cor	poration submits this statement for the		changing its	s registered
office or registered ag	ent, or both, in the State	of Florida. Such change was a	authorized l	v the corporat	poration submits this statement for the tion's board of directors. I hereby acce	pt the appoi	ntment as re	egistered
agent. I am familiar w	th, and accept the obligat	tions of, Section 607.0505, Flo	orida Statut	es.				
agent. I am familiar w	tn, and accept the obligat	tions of, Section 607.0505, Fit	nida Statut	25 .				
SIGNATURE Signature, typed	or printed name of registered agen	it and title if applicable. (NOT)	E: Registered A	25 .	red when reinstating)	DATE		
SIGNATURE Signature, typec 12.	tn, and accept the obligat	it and title if applicable. (NOT)	E: Registered A	gent signature requir		DATE		
SIGNATURE Signature, typec 12. TITLE DP	or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE	E: Registered A 13. 1.1 TITL	gent signature requir	red when reinstating)	DATE	ID DIRECTO	ORS IN 12
SIGNATURE Signature, typec 12. TITLE DP NAME SAKRAN,	or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE	E: Registered A 13. 1.1 TITL 1.2 NAM	gent signature requir	red when reinstating)	DATE	ID DIRECTO	ORS IN 12
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CITY-ST-ZIP 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:

ZOUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR