## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000072039 (7)

**FILED** Mar 03 1998 8:00am Secretary of State

| E. C.   | BUILDERS, INC.   |   |                            |                                  | i<br>I definación de tener andi activo entil card   | ###                      |                 |
|---|--|---|----------------------------|----------------------------------|---|--------------------------|-----------------|
| Principal Pla   | on of Business   | 11. (C A  |                            |                                  |   | M DAMA KUPAR KANK BURUF  |                 |
| Principal Place of Business Mailing Address 6187 NW 167TH ST 6187 NW 167TH ST |  |   |                            |                                  |   |                          |                 |
| SUITE #H-3  |  | 6187 NW 167TH ST<br>Suite #H-36   |                            |                                  |   |                          |                 |
| MIAMI LAKES FL 33015 MIAMI LAKES FL 33015                                     |  |   |                            |                                  | DO NOT WRITE IN THIS SPACE  |                          |                 |
| U\$ U\$   |  |   |                            |                                  | 3. Date Incorporated or Qualified   |                          |                 |
|   |  |   |                            |                                  | 09/18/1995  |                          |                 |
|   | Place of Business  | 2a. Mailing Address   |                            |                                  | 4. FEI Number   |                          | Applied For     |
| 21  |  | 26  |                            |                                  | 65-06 15954   | 7                        | Not Applicable  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |                            | 5. Certificate of Status Desired |   | Additional               |                 |
| City & State  |  | City & State  |                            |                                  | Fee F   | Required                 |                 |
| 23  | ue-  | City & State  |                            | 6. Election Campaign Financing   | <del></del>   | May Be                   |                 |
| Zip   | Country  |   | Count                      | n/                               |   | ·                        | d to Fees       |
| 24  | 25   |   | 30                         |                                  | 8. This corporation owes or has paid  |                          | ntangible<br>No |
| <u> </u>  | 9, Name and Address of Curre   |   | 301                        |                                  | Personal Property Tax due June 3  10. Name and Address of New Regi  |                          | L.J NO          |
| SI  | CHMIDT, CRISTIAN   |   | 8                          | 1 Name                           | 10, Tallio Bild Redices of Helt Heg   | intered Agent            |                 |
| 19121 NW 57 COURT   |  |   |                            |                                  |   |                          |                 |
| MiAMi FL 33015  |  |   | 8                          | 2 Street Add                     | ddress (P.O. Box Number is Not Acceptable)  |                          |                 |
| ***   | W4111 1 L 000 10   |   | 8                          | 3                                |   |                          |                 |
|   |  |   | Ľ                          | 1                                |   |                          |                 |
|   |  |   | 8                          | 4 City                           |   | FL 85 Zip                | Code            |
| 11. Pursuant  | to the provisions of Sections 607 05   | 502 and 607 1508 Florida Statuta  | e the sho                  | ve-named core                    | possion submits this statement for the sur  |                          | ita raainta-a-l |
|   | registered agent, or both, in the Sta<br>am familiar with, and accept the obli | te of Florida. Such change was au<br>gations of, Section 607.0505, Flor                   | uthorized I<br>rida Statut | by the corporations.             | poration submits this statement for the pution's board of directors. I hereby accept  | the appointment as       | s registered    |
| SIGNATURE   | Signature, typed or printed name of registered a                               | gent and title if applicable (NOTE:   | Registered A               | gent signature requir            | red when reinstating)   | DATE                     | ·               |
| 12.   | OFFICERS A   | ND DIRECTORS  | 13.                        |                                  | ADDITIONS/CHANGES TO OFFICE   |                          | RS IN 12        |
| TITLE   | PD   | ☐ DELET <b>E</b>  | 1.1 TITLE                  |                                  |   | ☐ Change                 |                 |
| NAME  | SCHMIDT, CRISTIAN  |   | 1.2 NAMI                   | :                                |   |                          |                 |
| STREET ADDRESS  | 19121 NW 57 COURT  |   | 1.3 STRE                   | ET ADDRESS                       |   |                          |                 |
| CITY-ST-ZIP   | MIAMI FL 33015   |   | 1.4 CITY                   | ST-ZIP                           |   |                          |                 |
| TITLE   |  |   | 2.1 TITLE                  |                                  |   | ☐ Change                 | Addition        |
| NAME  | SCHMIDT, EZEQUIEL  |   | 2.2 NAME                   |                                  |   |                          |                 |
| STREET ADDRESS  | 19121 NW 57 COURT  |   | 2.3 STREET ADDRESS         |                                  |   |                          |                 |
| CITY-ST-ZIP   | Miami Fl. 33015  |   | 2. 4 CITY-ST-ZIP           |                                  |   |                          |                 |
| TITLE   | TD   | TD DELETE   |                            |                                  | ☐ Chan  |                          | Addition        |
| NAME  | SCHMIDT, GEROMINO  |   | 3.2 NAME                   | :                                |   | _ •                      | _               |
| STREET ADDRESS  | 19121 NW 57 COURT  |   | 3.3 STREET ADDRESS         |                                  |   |                          |                 |
| CITY-ST-ZIP   | MIAMI FL 33015   |   | 3.4. CITY                  |                                  |   |                          |                 |
| TITLE   | V  | ☐ DELETE  | 4.1 TITLE                  |                                  |   | Change                   | ☐ Addition      |
| NAME  | \$CHMIDT, ARIEL ALBERTO  |   | 4. 2 NAM                   | :                                |   |                          |                 |
| STREET ADDRESS  | 19121 NW 57 COURT  |   |                            | T ADDRESS                        |   |                          |                 |
| CITY-ST-ZIP   | MIAMI FL 33015   |   | 4.4 CITY-                  | ĺ                                |   |                          |                 |
| TITLE   |  | DELETE  | 5.1 TITLE                  | 5. Lii                           |   | Change                   | Addition        |
| NAME  |  | <del>-</del> -  | 5.2 NAME                   |                                  |   |                          |                 |
| STREET ADDRESS  |  |   |                            | T ADDRESS                        |   |                          | 1               |
| CITY-ST-ZIP   |  |   | 5.4 CITY -                 |                                  |   |                          |                 |
| TITLE   |  |   | 6.1 TITLE                  | 31-71                            |   | Change                   | Addition        |
| NAME  |  |   | 6.2 NAME                   |                                  |   | □ Criange                | Addition        |
| STREET ADDRESS  |  |   |                            |                                  |   |                          |                 |
|   |  |   |                            | T ADDRESS                        |   |                          |                 |
| CITY-ST-ZIP   | pertify that the information supplied  | with this filling does not qualify for  | 6.4 CITY-                  |                                  | Section 119.07(3)(i), Florida Statutes. I fur   | rthor partification at a | a lafarm -4!    |
| officer or  | on this annual report of supplement  | tal annual report is true <b>and a</b> ccui<br>beiver or trustee empowere <b>d t</b> o ex | rate and th                | iat my signatur                  | section 119.07(5)(i), Florida Statules, Fidire shall have the same legal effect as if m<br>irred by Chapter 607, Florida Statutes; an | nade under oath: th      | at Lam an       |