PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000075626

1. Corporation Name

BUILDING SYSTEMS TECHNOLOGY, INC.					
Principal Plac	e of Business	Mailing Address			— LINEHINDE IIN TATAL DENIL BANK BANK DANK BANK BANK BANK BANK BANK SINCE SINCE SINCE DENI JUDA
13000 SW 120 STREET 13000 SW 120 STREET					· ·
MIAMI FL 33186 MIAMI FL 33186					
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
					09/26/1995
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21 26					65-0653994 Not Applicable
Suite, Apt. #, etc. Suite, #		Suite, Apt. #, etc.	te, Apt. #, etc.		5, Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country Zip 24 25 29		<u> </u>	Country 10	у	8. This corporation owes the current year Intangible Personal Property Tax.   ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
PER	RIN, ARTHUR		81	Name	
13000 SW 120 STREET MIAMI FL 33186			82	Street Addr	ress (P.O. Box Number is Not Acceptable)
			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			84	City	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the purpose of changing its registered
office or r agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was auti ions of, Section 607.0505, Florid	horized by la Statutes	the corporations.	on's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		egistered Age	nt signature required	
TITLE	P				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	PERRIN, ARTHUR		1.2 NAME		
STREET ADDRESS	13000 SW 120 STREET		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY- S	ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	•	☐ DELETE	2. 4 CITY-5 3.1 TITLE	SI-ZIP	: '' Change
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREE	TADDRESS	
CITY-ST-ZIP	*		3.4. CITY-5	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS				TADDRESS	1
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP	☐ Change ☐ Addition
NAME		LJ DELETE	5.1 MILE 5.2 NAME		. Criange [] Addition
STREET ADDRESS		1	1	TADDRESS	
CITY-ST-ZIP	*		5.4 CITY-S	T-ZIP	
TITLE		□ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 supplied that it 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, of an 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

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90030 033 \*\*\*158.75