

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

ATTENTION  
AND  
FILED

027243

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

99 MAY -3 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **11/27/1995**
- 4. FEI Number: **65-0660002** Applied For Not Applicable
- 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required
- 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No
- 10. Name and Address of New Registered Agent

**DOCUMENT # P95000089738**

1. Corporation Name  
**REDLANDS CONTRACTORS, INC.**

Principal Place of Business: **2300 CORAL WAY #200 MIAMI FL 33145**  
Mailing Address: **2300 CORAL WAY #200 MIAMI FL 33145**

2. Principal Place of Business: **21 2300 Coral Way Suite, Apt. #, etc. 22 Suite # 200 City & State 23 Miami Florida Zip Country 24 33145 25 29 33145 30**

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY #200 MIAMI FL 33145**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ, President** **4-30-99**  
Signature typed or printed name of corporation and the fee payable. (NOTE: Registered Agent signature required for this filing.)

12. OFFICERS AND DIRECTORS

|                |                           |            |
|----------------|---------------------------|------------|
| TITLE          | PD                        | [ ] DELETE |
| NAME           | LOPEZ-CANTERA, MARTA L    |            |
| STREET ADDRESS | 7401 N.W. 7 STREET        |            |
| CITY-ST-ZIP    | MIAMI FL 33126            |            |
| TITLE          | SD                        | [ ] DELETE |
| NAME           | LOPEZ-CANTERA, AMADA      |            |
| STREET ADDRESS | 2300 CORAL WAY, SUITE 201 |            |
| CITY-ST-ZIP    | MIAMI FL 33145            |            |
| TITLE          |                           | [ ] DELETE |
| NAME           |                           |            |
| STREET ADDRESS |                           |            |
| CITY-ST-ZIP    |                           |            |
| TITLE          |                           | [ ] DELETE |
| NAME           |                           |            |
| STREET ADDRESS |                           |            |
| CITY-ST-ZIP    |                           |            |
| TITLE          |                           | [ ] DELETE |
| NAME           |                           |            |
| STREET ADDRESS |                           |            |
| CITY-ST-ZIP    |                           |            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                         |
|-------------------|-------------------------|
| 11 TITLE          | [ ] Change [ ] Addition |
| 12 NAME           |                         |
| 13 STREET ADDRESS |                         |
| 14 CITY-ST-ZIP    |                         |
| 21 TITLE          | [ ] Change [ ] Addition |
| 22 NAME           | 000002867630--2         |
| 23 STREET ADDRESS | -05/07/99--0110--019    |
| 24 CITY-ST-ZIP    | *****8.75 *****8.75     |
| 31 TITLE          | [ ] Change [ ] Addition |
| 32 NAME           | 000002867630--2         |
| 33 STREET ADDRESS | -05/07/99--0110--020    |
| 34 CITY-ST-ZIP    | ***150.00 ***150.00     |
| 41 TITLE          | [ ] Change [ ] Addition |
| 42 NAME           |                         |
| 43 STREET ADDRESS |                         |
| 44 CITY-ST-ZIP    |                         |
| 51 TITLE          | [ ] Change [ ] Addition |
| 52 NAME           |                         |
| 53 STREET ADDRESS |                         |
| 54 CITY-ST-ZIP    |                         |
| 61 TITLE          | [ ] Change [ ] Addition |
| 62 NAME           |                         |
| 63 STREET ADDRESS |                         |
| 64 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)(b), 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**AMADA LOPEZ-CANTERA, Secretary**

**4-30-99**  
Date of Filing

CR2E034 (11/98)