PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # P95000091305 HOMESTEAD CONSTRUCTION & EQUIPMENT, INC.

Principal Place of Business

Mailing Address

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90050 005 ***150.00



27 N/A S. Certificate of Status Desired	7401 N.W. 7TH ST. MIAMI FL 33126		7401 N.W. 7TH ST. MIAMI FL 33126			OT WRITE IN THIS	SPACE		
2. Principal Place of Business 21. 22.90 SW 266 St 22 22.90 SW 266 St 25 24.29 0 SW 266 St 4. FEI Number 65-0633623 2. Suite, Apt. #, etc. 3. Mi/AMI, ANTONIO E 1699 SW 27TH AVE #301 MIAMI FL 33145 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 charcoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointme agent, and accept the obligations of, Section 607,5056, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointme agent, and accept the obligations of, Section 607,6056, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointme agent, and accept the obligations of, Section 607,6056, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointme agent, and accept the obligations of, Section 607,6056, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointme agent, and accept the obligations of, Section 607,6056, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointme agent and time if application. 11. Pursuant to the provisions of Sec					· · · · · · · · · · · · · · · · · ·	Qualifed			
Suite, Apt #, etc. City & State Country B. This corporation owes the current year intangite Personal Property Tax. City & State 10. Name and Address of New Registered Ager MARIN, ANTONIO E 1899 SW 27TH AVE #301 MAMI FL 33145 83 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 85 86 City & FL 87 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of charn office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of. Section 607.0505. Florida Statutes. SIGNATURE Signature, typed or printed name of ingulities agent and time if applicable. (NOTE Regatived Agent stignables required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-ZIP MIAMI FL DELETE 15. TITLE 15.	ncinal Place	f Business	2a. Mailing Address		4 FEI Number		Ap	plied For	
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Trust Fund Contribution Zip	Suite, Apt. #, etc. Suite, Apt. #, etc.					esired 🗆	\$8.75 / Fee Re		
9. Name and Address of Current Registered Agent MARIN, ANTONIO E 1699 SW 27TH AVE #301 MIAMI FL 33145 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 chan office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tife if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. City. ST. Zip MIAMI FL DELETE 11. TITLE DELETE 12. NAME 13. STREET ADDRESS CITY. ST. Zip DELETE 22. NAME 23. STREET ADDRESS CITY. ST. Zip DELETE 31. TITLE NAME 33. STREET ADDRESS CITY. ST. Zip DELETE 31. STREET ADDRESS 33. STREET ADDRESS 34. CITY. ST. Zip DELETE 31. STREET ADDRESS CITY. ST. Zip DELETE 31. STREET ADDRESS 33. STREET ADDRESS 34. CITY. ST. Zip					Trust Fund Contribution Ac		\$5.00 Added	•	
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6.4 CITY-ST-ZIP 14. 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.