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

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095428 (5)

IGNASIL CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

8630 S.W. 16TH COURT PEMBROKE PINES FL 33025 4011 WEST FLAGLER STREET #403

FILED Apr 15 1998 8:00am Secretary of State



FEMBRUAL FIRES FE 53025		MIRMI FL 33134		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified			
A Delandario					12/18/1995	<u>-</u>		
	D N.W 29 th ST.	2a. Mailing Address 26 6660 N.W	, 20th	ST.	4. FEI Number	+ ·+	oplied For	
Suite, Apt.		Suite, Apt. #, etc.	. 64	، ۱ صم	65-0630158		ot Applicable	
22		27			5. Certificate of Status Desired		Additional equired	
City & State		City & State	1		6. Election Campaign Financing	\$5.00	 	
3 SUN		38 SUNGISE	FI.		Trust Fund Contribution	Added		
24 333	Country	Zip	Country		8. This corporation owes or has paid the cu			
24 333	9, Name and Address of Current	29 33313	30 <u> K</u> rou	ara] No	
- Jan		Hadisteten Adelit	81 N	ame	10. Name and Address of New Registered	Agent		
JUZMAN, IGNACIO 6660 NW 29TH ST SUNRISE FL 33313								
				82 Street Address (P.O. Box Number is Not Acceptable)				
00,			83	***				
			84 C	4		11		
					FL	_ '	Code	
11. Pursuant to	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-na	med corpo	oration submits this statement for the purpose o	f changing it	s registered	
agent. I ar	m famili ar with, and accept the obligat	ions of, Section 607.0505, Flo	utnorizeo by the rida Statutes.	corporatio	on's board of directors. I hereby accept the app	pointment as	registered	
SIGNATURE _								
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent si	nature required		D/050705		
TITLE	D	DELETÉ	13. 1.1 TOLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	S IN 12	
NAME	GUZMAN, IGNACIO		1.2 NAME			C Cumite	Kudilion	
STREET ADDRESS	6660 NW 29TH ST		1.3 STREET ADD	RESS				
CITY-ST-ZIP	SUNRISE FL		1.4 CITY - ST- ZII					
TITLE		DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADD	IESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZI	<u> </u>				
TITLE		☐ DELETE	3.1 TITL€			☐ Change	☐ Addition	
NAME STREET ADDRESS			3.2 NAME					
CITY-ST-ZIP			3.3 STREET ADD	·				
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CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP					
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NAME			5.2 NAME				i	
STREET ADDRESS			5.3 STREET ADDR	ess				
CITY-ST-ZIP		/- I	5.4 CITY - ST - ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME	Ì				
STREET ADDRESS			6.3 STREET ADDR	ESS			į.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	I			I	

In fleeby 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.