CORPORATION ANNUAL REPORT 1999	Katheria Secretari	TMENT OF STATE THE Harris Y of State CORPORATIONS	So No Participant	Wall Co
	000001142			Way MILLS
Principal Place of Business 1951 SW 40 Hiami, FL	Måiling Address ST. # 200		DO NOT WRITE IN THIS	,
Miami, PC	22103		3. Date Incorporated or Qualifed	
2. Principal Place of Business	2a. Mailing Address		1-04-1996	Applied For
21	26		45-0638961	Not Applicable
Suite, Apt # etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip	Country 30	This corporation owes the current year in Personal Property Tax.	tangible ☐ Yes ☐ No
	f Current Registered Agent	30	10. Name and Address of New Registered	
385 NW II Hiami, Fu		83 84 City es, the above-named corrections the corrections of the corr	FL poration submits this statement for the purpose of	85 Zip Code
onice of registered agont, or both, in th	to detections of Section 607 0505 Flor	monized by me corporat	ion's board of directors. I bereby accept the soon	intment ac registered
SIGNATURE (" DOM	1 VMM CAKI	os H. Armi	poration submits this statement for the purpose of lon's board of directors. I hereby accept the appo	intment as registered
SIGNATURE Sign store typed or printed name of regi	istered agent and fig/if applicable (NOTE	OS M. ARMI Registered Agent signature require	AS ed when reinstating) DATE	
SIGNATURE Sign store typed or printed name of regi	1 VMM CAKI	os H. Armi	AS ed when reinstalling) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
SIGNATURE Standard typed or printed Author of region 12. OFFIC TITLE AWE CARLOS M. F	estered agent and for applicable (NOTE) ERS AND DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	AS ed when reinstalling) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
SIGNATURE Sign some types or printed with of region 12. OFFIC TITLE NAME STREET ADDRESS 3.85 NW 115	estered agent and for applicable (NOTE) ERS AND DIRECTORS DELETE AKHAS	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	AS ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AI EIDEOCES -11/30/33	ND DIRECTORS IN 12 Change Addition
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6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CARLOS M. ARHAS

14. Thereby 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 diffect as if mode under other; 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 same appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. (305) 261-6251 Dayline Phone #

☐ Change

/ Addition

TO: Division of Coip. 409. E. Gaines ST. Tallahassee, FL.

FROM: JC CONSTRUCTION CORP.

DOC.#P96000001142

7951 SW 40 ST. #200, Miami, FL 33155

Due to a change of principal office I never recieved first nor second notice of report. Therefore I am enclosing a check for \$150.00 to cover this year Report. If you should have any questions regarding this letter don't hesitate to contact me at the above listed address. Thank you in advance for your prompt attention.

Carlos Armas

99 NOV 24 AM II: 32
SECRETARY OF STATE TALLAHASSEF FI ORDINA