Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90202 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # DO

| Corporation | RING & CONSTRUCTION (| | | | | | | | |
|---|--|---|-------------------|-----------|-----------------------------------|---|---------------------------------------|-------------------------|--|
| Principal Place of Business Mailing Address | | | | | | - 3 (MB)(MA) (20)M'214 BU() DOSU MBU(DOU | IS BUILD WULED WILLS BINDS | Affer Astr retr | |
| 15061 S.W. 42 TERRACE P.O. BOX 654136 MIAMI FL 33185 MIAMI FL 33265-4136 US | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/16/1996 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | Ap | plied For | |
| 26 | | | | | | 65-0644371 | No | ot Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 5. Certifcate of Status Desired | \$8.75 | | |
| 22 | 27 | | | | 5. Certificate of Citatas Scalina | Fee Re | <u> </u> | | |
| City & State | City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 | | |
| 23 | 28 | | | | | Trust Fund Contribution | | to Fees | |
| Zip | Country Zip Cou | | | ntry | | 8. This corporation owes the current ye | ear Intangible ☐ Yes | □No | |
| 24 | 25 9. Name and Address of Curren | 29 3 | 01 | | . <u> </u> | Personal Property Tax. 10. Name and Address of New Regis | | | |
| | 9. Name and Address of Curren | t Registered Agent | | 81 | Name | IV. Hame and Address of Hear Regis | | | |
| PEREZ, MAXIMO J | | | | | | | <u> 1845 (S</u> | | |
| 15061 S.W. 42TH TERRACE | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | T THE P | 1 | |
| MIAMI FL 33185 | | | Ì | 83 | | | * | | |
| | | | | | | | | | |
| | | | | 84 | City | • | FL 85 Zip | Code | |
| office or re | to the provisions of Sections 607.050; gistered agent, or both, in the State on familiar with, and accept the obligat Signature, typed or printed name of registered agent | of Florida. Such change was aut tions of, Section 607.0505, Florid | a Statu | ites. | the corporation | oration submits this statement for the purpon's board of directors: I hereby accept the | ose of changing its appointment as re | registered gistered* | |
| 12. | OFFICERS AND DIRECTORS 13 | | | | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO | | |
| TITLE | PTSD DELETE 1.1 | | | ľΕ | | | ☐ Çhange | ☐ Addition | |
| NAME | · | | | ME | | | and Waller | | |
| STREET ADDRESS | | | | REET | ADDRESS | | | , | |
| CITY-ST-ZIP | MIAMI FL 33185 1.4 | | | TY-ST | í-ZIP | | ,a , 1/2 | | |
| TITLE | ☐ DELETE 2.1 | | | ΠE | | • | Change | ☐ Addition | |
| NAME | | | 2.2 NA | ME | | | | | |
| STREET ADDRESS | | | 2.3 ST | REET | ADDRESS | | | | |
| C/TY-ST-ZIP | | | 2. 4 CF | | T-ZIP | | | — CO Addistant | |
| TITLE | | ☐ DELETE | 3.1 TIT | | | | ☐ Change | Addition 1 | |
| NAME | | | 3.2 NA | ME | | | | ļ | |
| STREET ADDRESS | | | 3.3 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CI | | T-ZIP | | Chann | Addition | |
| TITLE | . | | | 4.1 TITLE | | | ☐ Change | ☐ Modifion | |
| NAME | | | 4.2 N | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4 4 CII | | -ZIP | | Change | Addition | |
| TITLE | | ☐ DELETE | 5.1 TIT 5.2 NA | | | | П спаже | ₩ 1/4/4/4/4/1 | |
| NAME | | | | | ADDRESS | • | | ļ | |
| STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | _ | 5.4 Ci1 | ιτ-51 | - 417 | | | | |

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 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 chapter or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

305-226-464

Change

☐ Addition