## 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 # P96000017262

1. Corporation Name

RALPH GARCIA ENGINEERING CONTRACTORS CORPORATION

Principal Place of Business

Mailing Address

**FILED** 

05-04-1999 90215 016 \*\*\*158.75

May 04, 1999 8:00 am Secretary of State

| 12906 SW 1331<br>-SUITE A<br> |  | P.O. BOX 833420<br>MIAMI FL 33283-3420              |                                 | DO NOT WRITE IN THe 3. Date Incorporated or Qualifed 02/23/1996                                      | IIS SPACE   |                         |
|-------------------------------|--|---|---------------------------------|--|---|-------------------------|
| 2. Principal P                | lace of Business   | 2a. Mailing Address //                              |                                 | 4. FEI Number  |   | oplied For              |
| 21//020                       |  | DE 26 1 21  |                                 | 65-0660501   | ~ <del>                                    </del> | ot Applicable           |
| Suite, Apt.                   | 7 - 7 - 7 - 7 - 7 - 7 - 7  | Suite Auf # Jay                                     | 1/1/1/1                         | 5. Certifcate of Status Desired  | \$8.75  | Additional equired      |
| City & Stat                   | MIT  | Oitý & State  |                                 | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00  | May Be<br>to Fees       |
| Zip 33                        | Country USA  | Zip 30  | Sountry                         | This corporation owes the current year     Personal Property Tax.                                    |   | □No                     |
|                               | 9. Name and Address of Curre   | nt Registered Agent                                 |                                 | 10. Name and Address of New Registers  | ed Agent  |                         |
| 1290<br>-SUIT                 | CIA, RALPH<br><del>06 S.W. 193RD COURT</del> \\(c<br><del>E.A</del><br><del>11 FL 33180-5886</del> | 200 North tendall<br>Suite 200<br>Hrami, H. 301     | 81 Name 82 Street Ad 83 84 City | idress (P.O. Box Number is Not Acceptable)   | 85 Zip (  | Code                    |
| SIGNATURE                     |  | co  |                                 | rporation submits this statement for the purpose stion's board of directors. I hereby accept the app |   | registered<br>egistered |
|                               | Signature, typed or printed name of registered age   | ent and title if applicable. (NOTE: Re ND DIRECTORS | gistered Agent signature requ   |  | AND DIRECTO                                       | 000 IN 12               |
| 12.                           | PSD OFFICERS A   | DELETE  | 13.                             | ADDITIONS/CHANGES TO OFFICERS  | Change  | Addition                |
| TITLE                         | GARCIA, RALPH  | - OCCUPIE   | ŀ                               |  | [_] Change  |                         |
| NAME                          |  |   | 1.2 NAME                        |  |   |                         |
| STREET ADDRESS                | 12906 S.W. 133RD COURT   |   | 1.3 STREET ADDRESS              |  |   |                         |
| CITY-ST-ZIP                   | MIAMI FL 33186-5806  | 1365  | 1.4 CITY-ST-ZIP                 |  |   |                         |
| TITLE                         | V  | [] VELETE   | 2.1 TITLE                       |  | Change  | ☐ Addition              |
| NAME                          | DELGADO, MIGUEL ANGEL  |   | 2.2 NAME                        |  |   |                         |
| STREET ADDRESS                | 12906 S.W. 183RD COURT   |   | 2.3 STREET ADDRESS              |  |   | ł                       |
| CITY-ST-ZIP                   | MHAMI FL 33186-5806  |   | 2.4 CITY-ST-ZIP                 |  |   |                         |
| TITLE                         |  | ☐ DELETE  | 3.1 TITLE                       |  | Change  | Addition                |
| NAME                          |  | i   | 3.2 NAME                        |  |   |                         |
| STREET ADDRESS                |  |   | 3.3 STREET ADDRESS              |  |   |                         |
| CITY-ST-ZIP                   |  |   | 34. CITY-ST-ZIP                 |  |   |                         |
| TITLE                         |  | ☐ DELETE  | 4.1 TITLE                       |  | Change  | ☐ Addition              |
| NAME                          |  |   | 4. 2 NAME                       |  |   |                         |
| STREET ADDRESS                |  |   | 4.3 STREET ADDRESS              |  |   |                         |
| 1                             |  |   | 4.4 CITY-ST-ZIP                 |  |   | ļ                       |
| CITY-ST-ZIP<br>TITLE          |  | ☐ DELETE  | 5.1 TITLE                       |  | Change  | ☐ Addition              |
|                               |  | LJ VELETE   | 5.2 NAME                        |  |   |                         |
| NAME                          |  |   | 5.3 STREET ADDRESS              |  |   | *                       |
| STREET ADDRESS                |  |   |                                 |  |   |                         |
| CITY-ST-ZIP                   |  | Doctore.  | 5.4 CITY-ST-ZIP                 |  |   |                         |
| TITLE                         |  | ☐ DELETE  | 6.1 TITLE                       |  | Change  | ☐ Addition              |
| NAME                          |  |   | 6.2 NAME                        |  |   | 1                       |
| STREET ADDRESS                |  |   | 6.3 STREET ADDRESS              |  |   | 1                       |
| f                             |  |   | 6 4 CITY OF 7ID                 |  |   | í                       |

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 supplement officer or director of the corporation or the re-Block 12 or Block 16 if changed, or on an applicain dal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect the same legal effect as if made under oath; that I am an effect or trusted empowered to execute this report as required by Chapter 607, Florida, Statutes; and that my name appears in

SIGNATURE: