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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000044701 (6)

BUADE CONSTRUCTION COMPANY, INC.

Principal Place of Business Mailing Address

FILED Feb 05 1998 8:00am Secretary of State



9832 SW 145 MIAMI FL 331		9832 SW 145 COURT	9832 SW 145 COURT MIAMI FL 33186		
MIAMI PL 331	06	MIAMI LE 20100		DO NOT WRITE IN THIS	S SPACE
1				3. Date Incorporated or Qualified	
Ĺ				05/24/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0672454	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25	29	30	Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent				10. Name and Address of New Registered	i Agent
BUADE, JUAN CARLOS					
9832 SW 145 COURT			82 Street Address (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33186			32 Sw 145 Court	
			83	•	
			84 City		85 Zip Code
			W	Nani Fl	L 33186
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	s, the above-named cou	rporation submits this statement for the purpose	of changing its registered
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 changing its registered office or registered eigent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Butwas	usall Bea	412 M.	Bunde Presidenti	19/98
	Signature, typed or plated name of registered ago OFFICERS ANI		Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 40
12.	P OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	Buade, Beatriz M		1.2 NAME		
STREET ADDRESS	9832 SW 145 COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY - ST - ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	BUADE, JUAN C		2.2 NAME		
STREET ADDRESS	9832 SW 145 COURT		2.3 STREET ADDRESS		Ì
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CITY~ST-ZIP		
TITLE	\$	☐ DELETE	3.1 TITLE		Change Addition
NAME	BUADE, BEATRIZ		3.2 NAME		ĺ
STREET ADDRESS	9832 SW 145 COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		3.4. CITY-SY-ZIP		
TITLE	T	☐ DELETE	4,1 TITLE	-	Change Addition
NAME	BUADE, JUAN C		4. 2 NAME		
STREET ADDRESS	9832 SW 145 COURT		4.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33186		4.4 CITY-ST-ZIP		<u> </u>
TITLE		L DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		İ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DEFEIG	6.1 TITLE		C Change L Adds@On
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		_	6.4 CITY-ST-ZIP		

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 truetee 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.