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 # P96000044701

1. Corporation Name

BUADE CONSTRUCTION COMPANY, INC.

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90076 013 ***150.00



Principal Place	e of Business	Mailing Address			
9832 SW 145 C		9832 SW 145 COURT			
MIAMI FL 33186	5	MIAMI FL 33186			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					05/24/1996
2 Principal Pt	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 1217	751121A		ام	<u>31A-</u>	65-0672454 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27	-		5. Certificate of Status Desired LI Fee Required
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be
23 M &	mi FC	28 Miani	7.0	٠-	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	$^{\prime}$ \sim \wedge	8. This corporation owes the current year Intangible
24 33\	36 25 O.S.H	1, 29 23 17 6 30	$\overline{}$	·2·17	Personal Property Tax. Yes X No
	9. Name and Address of Curre	nt Registered Agent	-	T	10. Name and Address of New Registered Agent
DIIA	DE, BEATRIZ M		81	Name	
			82	Street Add	tress (P.O. Box Number is Not Acceptable)
9832 SW 145 COURT MIAMI FL 33186			_		
MIM	WI FL 33 100		83		•
			84	City	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, t	he abov	e-named corp	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes	5.	1.1.
SIGNATURE	ch Any	maste Be	tion	riz M	1. Bide President 1/18/97
	Signature, typed or printed name of registered ag			nt signature require	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PUADE DEATOIZA	Decere	1.1 TITLE		
NAME	BUADE, BEATRIZ M		1.2 NAME		
STREET ADDRESS	9832 SW 145 COURT			ETADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	☐ DELETE	1.4 CITY-5	ST-ZIP	Change ☐ Addition
TITLE	VP		21 TITLE		
NAME	BUADE, JUAN C		2.2 NAME		
STREET ADDRESS	9832 SW 145 COURT			TADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	C) belete	2.4 CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE	S DUADE BEATDIZ	☐ DELETE	3.1 TITLE		
NAME	BUADE, BEATRIZ		3.2 NAME		
STREET ADDRESS	1			TADDRESS	
CITY-\$T-ZIP	MIAMI FL 33186	□ DELETE	3.4. CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE	DIADE HANG	□ nëre ie	4.1 TITLE		_ criange
NAME	BUADE, JUAN C	ı	4. 2 NAME		
STREET ADDRESS				ET ADDRESS	·
CITY-ST-ZIP	MIAMI FL 33186		4.4 CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		. E Griange Madidon
NAME				ET ADDRESS	
STREET ADDRESS				1	
CITY-ST-ZIP		[] DELETE	5.4 CITY-S 6.1 TITLE	31-ZIP	. Change Addition
TITLE		☐ DELETÉ			
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	ET ADORESS	

6.4 CITY-ST-ZIP 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 of 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 man attachment with an address, with all other like empowered.

SIGNATURE: