


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

FILED
 97 AUG 20 PM 3:42

DOCUMENT # P96000051959 (0)
 1. Corporation Name
BEDROCK STRUCTURES, INC.



| | |
|---|---|
| Principal Place of Business 4100 NW 135 ST BAY 4B OPALACKA FL 33054 | Mailing Address 4100 NW 135 ST BAY 4B OPALACKA FL 33054 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | |
|---|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | |
|---|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/18/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0676060 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

CORTADA, CARLOS
4100 NW 135 ST BAY 4B
OPALACKA FL 33054

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL |
| 85 Zip Code |

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 agent, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | | |
|----------------|---|---------------------------------|-----------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE | NAME CORTASA, CARLOS JR |
| STREET ADDRESS | | | 4325 NW 197 ST |
| CITY-ST-ZIP | | | CAROL CITY FL 33054 |
| TITLE | D | <input type="checkbox"/> DELETE | NAME CORTADA, CARLOS A |
| STREET ADDRESS | | | 4325 NW 197 ST |
| CITY-ST-ZIP | | | CAROL CITY FL 33054 |
| TITLE | | <input type="checkbox"/> DELETE | NAME |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | NAME |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | NAME |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | 800002274798--6 |
| 3.3 STREET ADDRESS | -08/22/97--00066-027 |
| 3.4 CITY-ST-ZIP | ****165.00 ****165.00 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____

CPRE034 (4/97)

Handwritten initials and date: JB 8-21-97

Handwritten signature: Carlos Cortada

2

BEDROCK STRUCTURES
4075 NW 135 ST
OPA LOCKA, FL 33054
PH: (305)769-3007

AUGUST 14, 1997

TO: FLORIDA DEPARTMENT OF STATE
ATTN: DIVISION OF CORPORATIONS
REF: FEI# 65-0676060
DOC: P96000051959 (0)

PLEASE BE AWARE THAT I NEVER RECEIVED THE FIRST 1997 PROFIT CORPORATION ANNUAL REPORT SENT TO ME DUE TO MOVING TO A NEW LOCATION MENTIONED ABOVE. PER MY CONVERSION WITH ONE OF YOUR STAFF MEMBERS HE AWARED ME ABOUT THE FIRST NOTICE NOT BEING RETURNED ON TIME THEREFORE HE ADVISED ME TO EXPLAIN MY SITUATION IN A LETTER. SORRY FOR THE DALAY AND THANK YOU IN ADVANCE FOR YOUR UNDERSTANDING. IF YOU HAVE ANY QUESTIONS PLEASE DON'T HESITATE TO CALL THE NUMVER SHOWN ABOVE.

PLEASE FIND A CHECK ENCLOSED FOR \$165.00.

SINCERELY,

Carlos Cortada
CARLOS CORTADA
(PRESIDENT)

Margarita Gonzalez

(NOTARY PUBLIC)

NOTARY PUBLIC
STATE OF FLORIDA
MARGARITA GONZALEZ
COMMISSION # CG 63558
EXPIRES FEB 28, 2000
BONDED THRU
FIDELITY & SECURITY BONDING CO., INC

MY COMMISSION EXPIRES: *Feb 26, 2000*

(SEAL)