

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

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90042 026 \*\*\*150.00

DOCUMENT # P96000063839

1. Corporation Name

PRIORITY CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business

9041 SW 60 TER  
MIAMI FL 33173

Mailing Address

9041 SW 60 TER  
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

65-0697046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4631 NW 5 St

Suite, Apt. #, etc.

2a. Mailing Address

26 4631 NW 5 St.

Suite, Apt. #, etc.

23 City & State

Miami, FL 33126

27 City & State

Miami, FL 33126

24 Zip

33126

Country

25 Dade

29 Zip

33126

Country

30 Dade

9. Name and Address of Current Registered Agent

ARMAS, OMAR D  
9041 SW 60 TER  
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

Omar De Armas

82 Street Address (P.O. Box Number is Not Acceptable)

4631 NW 5 St.

83

84 City

Miami

FL

85 Zip Code

33126

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME DE ARMAS, OMAR  
STREET ADDRESS 9041 SW 60 TER  
CITY-ST-ZIP MIAMI FL 33173

TITLE VS ☐ DELETE  
NAME PEREZ, OSVALDO J  
STREET ADDRESS 8330 NW 188 ST  
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Omar De Armas  
1.3 STREET ADDRESS 4631 NW 5 St.  
1.4 CITY-ST-ZIP Miami FL 33126

2.1 TITLE Vice President ☒ Change ☐ Addition  
2.2 NAME Perez, Osvaldo J  
2.3 STREET ADDRESS 7971 NW 169 Terrace  
2.4 CITY-ST-ZIP Miami, FL 33015

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/99

Daytime Phone #

CR2E034 (1/1/98)