


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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90051 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000078062

1. Corporation Name
PHILLIPS ADLER CONSTRUCTION, INC.



Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI FL 33172	Mailing Address 1400 N.W. 107TH AVENUE MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/19/1996	4. FEI Number 65-0701128	Applied For Not Applicable
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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 the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LEVY, JOEL
1400 N.W. 107TH AVENUE
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	DCST	<input type="checkbox"/> DELETE
NAME	ADLER, MICHAEL M	
STREET ADDRESS	1400 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DPCE	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, JAMES	
STREET ADDRESS	1400 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JOEL LERY	
STREET ADDRESS	1400 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LUIS ARRIZURIETA	
STREET ADDRESS	1400 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	STEPHEN M KNORR	
STREET ADDRESS	1400 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NESTOR LOREDO	
STREET ADDRESS	1400 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/PCEO	<input checked="" 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	D/EXEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Levy, Joel	
3.3 STREET ADDRESS	1400 N.W. 107 Avenue	
3.4 CITY-ST-ZIP	Miami, FL 33172	
4.1 TITLE	S/T	<input checked="" 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	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Adler, Linda K.	
6.3 STREET ADDRESS	1400 N.W. 107 Avenue	
6.4 CITY-ST-ZIP	Miami FL 33172	

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 REQUIRED

Signature and typed or printed name of signing officer or director: **Luis Arrizurieta, Secretary/Treasurer**

Date: **4/15/99** Daytime Phone #: **(305) 392-4051**

CR2E034 (1/98)