

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090788

1. Corporation Name

DULCAROL, INC.

CONSTRUCTION SECRETARIAL SERVICES, INC.

N/C 3/17/99

Principal Place of Business

12351 NW 98TH CT.

HIALEAH GARDENS FL 33018

Mailing Address

12351 NW 98TH CT.

HIALEAH GARDENS FL 33018

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90008 047 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1996

4. FEI Number

NOT APPLICABLE

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 11801 S.W. 72 STREET

Suite, Apt. #, etc.

22

City & State

23 Miami Florida

Zip

24 33183

Country

25 Dade

2a. Mailing Address

26 12351 NW 98 CT.

Suite, Apt. #, etc.

27

City & State

28 HIALEAH GARDENS, FL

Zip

29 33018

Country

30

9. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

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

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 DP ☒ DELETE

NAME CRUZ, HECTOR G
STREET ADDRESS 12351 NW 98TH CT.
CITY-ST-ZIP HIALEAH GARDENS FL

TITLE DS ☒ DELETE

NAME CRUZ, DULCE M
STREET ADDRESS 12351 NW 98TH CT.
CITY-ST-ZIP HIALEAH GARDENS FL

TITLE D ☐ DELETE

NAME CRUZ-MARTINEZ OLGA L.
STREET ADDRESS 12351 NW 98TH CT.
CITY-ST-ZIP HIALEAH GARDENS FL

TITLE DT ☒ DELETE

NAME UMPIERRE, CARMEN S
STREET ADDRESS 12351 NW 98TH CT.
CITY-ST-ZIP HIALEAH GARDENS FL

TITLE DVP ☒ DELETE

NAME UMPIERRE, RAUL
STREET ADDRESS 12351 NW 98TH CT.
CITY-ST-ZIP HIALEAH GARDENS FL

TITLE DVP ☒ DELETE

NAME MARTINEZ
STREET ADDRESS 12351 N W 98 CT
CITY-ST-ZIP HIALEAH GARDENS FL 33018

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Olga L. Cruz-Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99
Date

954-973-7320
Daytime Phone #

CR2E034 (1/1/98)

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