## 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 # P9700002376

1. Corporation Name

MULTIWORKS DESIGN & CONSTRUCTION, INC.

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90042 040 \*\*\*150.00



Manipa Address   Manipa   Ma									
CORAL SPRINGS FL 30071   CORAL SPRINGS FL 30	Principal Place of Business Mailing Address						-{ E 3 DEVINDE VIOLUBILLE NORTH BEETH BEHTH BEHTH BEHTH DEVIL LIBER THAN LIBER BAN ABBA 		
2. Principal Place of Business   2a. Mailing Address   4. FER Number   Applied for Only 1/997   1. Applied for Only 1/997   2									
2, Date Incorporation or Qualified   1/109/1997	CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071						DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business   2a. Mailing Address   5c.   4. FET Number   2. Not Applicable   5c.   Not Applicable   Not									
2. Principal Place of Business   2a. Mailing Address   5c.   4. FET Number   2. Not Applicable   5c.   Not Applicable   Not	ļ						01/09/1997		
Sulin, Apt. 9, etc. 21 Sulin, Apt. 9, etc. 22 City & States 23 Zip Country 28 Zip Country 29 Zip Country 29 Zip Country 29 Zip Country 39 Zip Country 30 Zip	2. Principal Pl	ace of Business	2a. Mailing Address						
Sulfis, Apt. F. etc.   27   27   27   27   27   27   27   2			26				65-0711750 Not Applicable		
City & State		#, etc.					\$8.75 Additional		
City & States	22	•	27				5. Certificate of Status Desired		
20							6. Election Campaign Financing \$5.00 May Be		
Zip	23 -	· . · - · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution Added to Fees		
10   Name and Address of Current Registered Agent   10   Name and Address of New Registered Agent   10   Name and Address   10   Name and Name and Address   10   Name and N		Country	Zip	Count	try				
TORRES, HUGO	24 25 29 30						orderial Francisco		
TORRES, HUGO 10966 NW 8 COURT CORAL SPRINGS FL 33071  44 City  FL 85 Zip Code  44 City  FL 85 Zip Code  47 City  FL 85 Zip Code  48 City  FL 85 Zip Code  48 City  FL 85 Zip Code  49 City  FL 85 Zip Code  40 City  FL 85 Zip Code  41 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 agent. I am fartillar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  PD 0 DELETE 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NWE 12	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
10966 NW 8 COURT CORAL SPRINGS FL 33071  11. Pursuant to the provisions of Sections 607,0502, and 607,1508, Florida Statutes, the advanced by the corporation submits, this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the perspective obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, types or primate runne of registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILE  13. TILE  10. STREET ADDRESS  10.	T00000 \V.00				ין ויי	vame			
CORAL SPRINGS FL 33071  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 agent, or both, in the State of Florida Such change was authorized was aut				8	32 5	Street Addres	Address (P.O. Box Number is Not Acceptable)		
## City FL   85   Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both and accept the obligation of States.  In the state of Pricers and Directors.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  15. DELETE  11. TITLE  12. OFFICERS AND DIRECTORS. IN 12.  13. STREET ADDRESS.  14. STREET ADDRESS.  14. STREET ADDRESS.  15. STREET ADDRESS.									
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named concretion submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent, or both, in the State of Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I I I'I'I'I.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I I'I'I.  12. LAME  13. STREET ADDRESS  19.66 N.W 8 CT  CORAL SPRINGS FL 33071  14.CITY-ST-ZP  15. TITLE  10. DELETE  14. TITLE  10. Change  14. Addition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I I'I'I.  16. Change  17. ST-ZP  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I I'I'I.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I I'I'I.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I I'I'I.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I I'I'I.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I I'I'I.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I I'I'I.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I I'I'I.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I'I'I.  29. ANAE  30. STREET ADDRESS  30. ACTIV-ST-ZP  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I'I'I.  29. ACTIV-ST-ZP  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I'I'III.  20. ACTIV-ST-ZP  20. ACTIV-ST-ZP  20. ACTIV-ST-ZP  20. ACTIV-ST-ZP  21. ACTIV-ST-ZP  21. ACTIV-ST-ZP  22. ACTIV-ST-ZP  23. STREET ADDRESS  24. CITY-ST-ZP  24. ACTIV-ST-ZP  25. ACTIV-ST-ZP  26. ACTIV	CUR	AL SPHINGS, PL 330/1		8	53				
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 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, or hereby accept the appointment as registered agent, or hereby accept the appointment as registered. The following agent in the following provided agent and the following provided agent agent and the following provided agent age				8	34 (	City	85 Zip Code		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby decept time appointment as registered agent, or hoth, and accept time obligations of Section 607.0505, Floridal Statutes.  SIGNATURE    12.					- [	•	• • • • • • • • • • • • • • • • • • • •		
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Floride Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and that if applicable. (NOTE Registered Agent sopellure required when rejinitating).   DATE	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					amed,corpor	pration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered		
Signiful Nyper or printed rame of registance agent and title if applicable.   NATE	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
Signiful Nyper or printed rame of registance agent and title if applicable.   NATE	SIGNATURE								
TITLE					gent sk	gnature required v			
NAME				_					
STREET ADDRESS   10966 NW 8 CT	1		ک محدد						
COPAL SPRINGS FL 33071	1						•		
TITLE									
NAME   ALEGRIA, MARITZA   22 NAME			□ DELETE			IP	☐ Change ☐ Addition		
STREET ADDRESS   10966 NW 8 CT   23 STREET ADDRESS   24 CITY-ST-ZIP   CORAL SPRINGS FL 33071   CORAL SPRINGS FL 33 STREET ADDRESS   CITY-ST-ZIP   CORAL SPRINGS FL 34 CITY-ST-ZIP   CORAL SPRINGS FL	ììì	412		1					
CITY-ST-ZIP         CORAL SPRINGS FL 33071         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE           NAME         32 NAME						NDDE CC			
TITLE		t - T							
NAME  NAME  \$3.2 NAME  \$3.3 STREET ADDRESS  \$3.4 CITY-ST-ZIP  TITLE  NAME  \$4.2 NAME  \$5.1 TITLE  \$4.2 CITY-ST-ZIP  \$4.4 CITY-ST-ZIP  \$5.1 TITLE  \$5.1 TITLE  \$5.2 NAME  \$5.3 STREET ADDRESS  \$5.3 STREET ADDRESS  \$5.4 CITY-ST-ZIP  \$5.4 CITY-ST-ZIP  \$5.4 CITY-ST-ZIP  \$5.5 NAME  \$5.7 STREET ADDRESS  \$5.3 STREET ADDRESS  \$5.4 CITY-ST-ZIP  \$5.5 NAME  \$5.6 STREET ADDRESS  \$5.5 STREET ADDRESS	<del></del>			_		<u> </u>	☐ Change ☐ Addition		
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP									
CITY-ST-ZIP		يا يك د ديك الرمي يك الميل ي				INDESS	And the second of the second o		
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         Change         Addition           STREET ADDRESS         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.2 NAME         STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         6.3 STREET ADDRESS         Addition           STREET ADDRESS         6.3 STREET ADDRESS         Addition         Addition									
NAME		<u> </u>	∏ DELETE	_			. Change Addition		
STREET ADDRESS			<u> </u>						
CITY-ST-ZIP	' " '-					IDRESS			
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         STREET ADDRESS         S.3 STREET ADDRESS         S.4 CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         G.3 STREET ADDRESS         G.3 STREET ADDRESS									
NAME			☐ DELETE			44	☐ Change ☐ Addition		
STREET ADDRESS		• •							
5.4 CITY-ST-ZIP     5.4 CITY-ST-ZIP     Change   Addition	(	•				DORESS	•		
TITLE G.1 TITLE G.2 NAME  STREET ADDRESS  6.3 STREET ADDRESS  6.4 STREET ADDRESS	) }								
NAME  6.2 NAME  6.3 STREET ADDRESS  6.4 STREET ADDRESS	$\overline{}$		☐ DELETE			<del></del>	☐ Change ☐ Addition		
STREET ADDRESS 6.3 STREET ADDRESS	ļ			6.2 NAM	Œ				
OFFICE MARKETS	1					DDRESS			
	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: