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 # P97000014593

1. Corporation Name

ROCKWELL GENERAL CONSTRUCTION CORP.

| | | | | | | | | ! |
|--|--|------------------------------------|--------------------|---|----------------------|--|--------------------------------------|---------------------|
| Principal Place | e of Business | Mailing Address | | | | (1881:88(;;) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 110 13100 1111 1251 |
| 641 NW 128TH CT 641 NW 128TH CT | | | | | | | | |
| MIAMI FL 33182 MIAMI FL 33182 | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| j | | | | | | 02/11/1997 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number Applied For | | |
| 21 26 | | | | | | 65-0729131 | Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | \$8.75 | 5 Additional |
| 27 27 | | | | | | 5. Certificate of Status Desired | Fee | Required |
| City & State City & State | | | | | | 6. Election Campaign Financing | • | May Be |
| 23 | | | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country Zip | | | ntry | | 8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax | | |
| 24 | | | 30 | ı" | | Personal Property Tax. 10. Name and Address of New Registere | | |
| | 9. Name and Address of Curren | t Registered Agent | | 81 | Name | 10. Name and Address of New Registere | <u>a Agent</u> | |
| 1174 | NO, BEATRIZ | | | " | INAME | | | |
| 641 NW 128TH CT | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI FL 33182 | | | | 83 | | | | |
| | | | | | | | | |
| | | | | 84 | City | F | L 85 Zi | ip Code |
| 11 ·Pursuant | to the provisions of Sections 607.050 | 2 and 607,1508. Florida Statute | s, the al | bove | a-named corp | poration submits this statement for the purpose | of changing | its registered |
| office or a | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Such change was all | thorized | l hv | the comoration | on's board of directors. I hereby accept the app | ointment as | registered |
| | III lairilliai with, and accept the obliga | tions of occion our coop, then | da Oldii | | • | | • | |
| SIGNATURE | Signature, typed or printed name of registered age- | nt and title if applicable. (NOTE: | Registered | Agen | nt signature require | d when reinstating) DATE | | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | _ | | | 1.1 TITLE | | | ☐ Chang | ge 🔲 Addition |
| NAME | LIZANO, BEATRIZ | | 1.2 NA | | | | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | (ADDRESS | | | |
| C/TY-ST-ZIP | | | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | Chang | e Addition |
| TITLE | Y | _ | | | | | □ cua₁iâ | je 🗀 Addition |
| NAME | BLANCO, JOSE R | | 2.2 N | | | | | Ì |
| STREET ADDRESS | 6080 W 22ND CT #204 | | | | TADDRESS | | | 1 |
| CITY-ST-ZIP | HIALEAH FL 33016 | | _ | 2.4 CITY-ST-ZIP 3.1 TITLE | | | Chang | ge Addition |
| TITLE | | ☐ OELETE | | | | | ☐ ¢ilailg | je [] Addition |
| NAME | | | 3.2 NA | | | | | |
| STREET ADDRESS | | | | | TADDRESS | | | |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CI | | T-ZIP | | ☐ Chang | ge Addition |
| TITLE | | ☐ DETE LE | | | Ì | | [] chang | , |
| NAME | | | 4.2N | | * ****** | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | □ DELETE | 4.4 CI 5.1 TII | | I-ZIP | | Chang | ge Addition |
| TITLE | | ☐ DELETE | 5.1 iii 5.2 N/ | | | | | g |
| NAME | | | | | T ADDRESS | | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | 1 | | 5.4 CI | IY-S | 1-219 | | | |

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 an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EBENTEZ

CR2E034 (11/98)

Change

☐ Addition

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90211 002 ***158.75