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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P97000017497 (3)

**DE-SOTO** CONSTRUCTION CORP.

## **FILED** Apr 28 1998 8:00am Secretary of State



| <del> </del>   | · <u></u>  |   |   |                         |   |                                 |  |
|--|--|---|---|-------------------------|---|---------------------------------|--|
| Principal Place of Business Mailing Address  |  |   |   |                         |   |                                 |  |
| 30341 S.W. 155TH AVENUE 30341 S.W. 155TH AVENUE HOMESTEAD FL 33033 HOMESTEAD FL 33033  |  |   |   |                         |   |                                 |  |
| HOMESTERU  | FL 33033   | HOMESTEAD F   | £ 33033                                   |                         | DO NOT WRITE IN T   | DO NOT WRITE IN THIS SPACE      |  |
|  |  |   |   |                         | 3. Date Incorporated or Qualified   |                                 |  |
|  |  |   |   |                         | 02/24/1997  |                                 |  |
| 2. Principal P   | ace of Business  | 2a. Mailing Add   | ress \                                    |                         | 4. FEI Number   | Applied For                     |  |
| -weld small in   |  | 26 SAM  | e brant                                   |                         | 65-0738888  | Not Applicable                  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #   | Suite, Apt. #, etc.                       |                         |   | \$8.75 Additional               |  |
| 22   |  | 27  | 27  |                         | 5. Certificate of Status Desired  | Fee Required                    |  |
| City & State   |  | City & State  |   |                         | 6. Election Campaign Financing  | \$5.00 May Be                   |  |
| 23   | 28   |   |   | Trust Fund Contribution | Added to Fees   |                                 |  |
| Zip  | Country  | Zip   | · · · · · · · · · · · · · · · · · · ·     |                         | 8. This corporation owes or has paid the  |                                 |  |
| 24   | 25   | [29]  | 30  |                         | Personal Property Tax due June 30.  | Yes No                          |  |
|  | 9, Name and Address of Co  |   |   | 81 Name 1               | 10. Name and Address of New Register  | red Agent                       |  |
| CORPORATE CREATIONS ENTERPRISES, INC.  |  |   |   | 81 Name                 | Miguel D. Sotomanor.  | · Salf                          |  |
|  | 21 PGA BOULEVARD   |   | 82 Street Add                             |                         | idress (P.O. Box Number is Not Acceptable)  |                                 |  |
|  | <i>lite #211</i><br>L <b>M Be</b> ach Gardens FL 3:                                    |   | <u> </u>                                  |                         | 11 Cm. 122 Uns.   |                                 |  |
| PA   | 3418   |   | 83  |                         | 1   |                                 |  |
|  |  |   | -   | 84 City (               |   | <b>85</b> Zip Code              |  |
|  |  |   |   |                         |   | FL 33033                        |  |
| 11. Pursuant to  | <b>to the</b> provisions of Sections 607<br><b>ealste</b> red agent, or both, in the S | 7.0502 and 607.1508, Flori<br>State of Florida. Such char | da Statutes, the at<br>noe was authorized | ove-named co            | orporation submits this statement for the purporation's board of directors. I hereby accept the | se 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  | Miguel D. So   | TONAYOR   |   | lugai                   | W. Dolowans   | 4-21-98                         |  |
|  | Signature, lyped or printed name of register   |   | (NOTL Hegistered                          | Agent consture rec      | quired when reinslating) DA   |                                 |  |
| 12.  | DEFICERS   | S AND DIRECTORS   | 13.                                       | 15                      | ADDITIONS/CHANGES TO OFFICERS   | Change Addition                 |  |
|  | SOTOMAYOR, MIGUEL  |   |   |                         |   | Change C Asomon                 |  |
| NAME   | 30341 S.W. 155TH AVEN  | N IE  | 1.2 NA                                    |                         |   |                                 |  |
| STREET ADDRESS   | HOMESTEAD FL 33033   |   |   | REET ADDRESS            |   |                                 |  |
| CITY-ST-ZIP<br>TITLE   | TIOMEOTEAD TE 33033  | D   |   | Y-ST-ZIP                |   | Change Addition                 |  |
| NAME   |  |   | 22 NA                                     | i                       |   | Change C Modition               |  |
| - 1  |  |   |   |                         |   |                                 |  |
| STREET ADDRESS   |  |   |   | REET ADDRESS            |   | İ                               |  |
| CITY-ST-ZIP<br>TITLE   |  |   | 2.4 CF<br>ELETÉ 3.1 TIT                   | TY-ST-ZIP               |   | Change Addition                 |  |
| NAME   |  |   | 3.1 MA                                    |                         |   | printigo Addition               |  |
| STREET ADDRESS   |  |   |   | 1                       | •   | 1                               |  |
| CITY-ST-ZIP  |  |   | •   | REET ADDRESS            |   |                                 |  |
| TITLE  |  | D   |   | TY-ST-ZIP               |   | Change Addition                 |  |
| NAME   |  | الم البياة  | 4.2 NA                                    |                         |   | C.w.do C.wangon                 |  |
| STREET ADDRESS   |  |   |   | REET ADDRESS            |   |                                 |  |
| CITY-ST-ZIP  |  |   |   | Y-ST-ZIP                |   |                                 |  |
| TITLE  |  | DI  |   |                         |   | Change Addition                 |  |
| NAME   |  |   | 5.2 NAI                                   |                         |   |                                 |  |
| STREET ADDRESS   |  |   |   | REET ADDRESS            |   |                                 |  |
| CITY-ST-ZIP  |  |   |   | Y-ST-ZIP                |   |                                 |  |
| TITLE  |  |   | LETE 6.1 TH                               |                         |   | Change Addition                 |  |
| NAME   |  |   | 6.2 NA                                    |                         |   |                                 |  |
| STREET ADDRESS   |  |   |   | REET ADDRESS            |   | 1                               |  |
| CITY-ST-ZIP  | y •  |   |   | Y-ST-ZIP                |   |                                 |  |
| 14 I hereby o  | ertify that the information supplie  | ed with this filing does not                              | qualify for the ever                      | motion stated           | in Section 119.07(3)(i), Florida Statutes. I furthe   | er certify that the information |  |
| indicated on this annual roport 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.  |  |   |   |                         |   |                                 |  |

ATUBE, Wichall Commence