FILED Apr 20, 1999 8:00 am Secretary of State

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

**PROFIT CORPORATION** ANNUAL REPORT.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

•	999 DIVISION OF CORPORATIONS						04-20-1999 90074 038 ***150.00				
DOCUMENT # P9700024862  1. Corporation Name THIRD MILLENNIUM CONSTRUCTION INC.											
Principal Place of Business Mailing Address 21490 W. DINIE HWY. 21490 W. DINIE HWY. N. MIAMI DEACH FL 33180 N. MIAMI BEACH EL 33180							) ( <b>99</b> (( <b>95)</b> ) (1 <b>9 16</b> 1)( 1 <b>93</b> () <b>98</b> ())	<b>38</b> 111 <b>38</b> 111 <b>38</b> 211 <b>3</b>	(1 <b>6</b> )) <b>6(66)</b> (8(6)		
N. MIAMI DEACHT 33180 N. MIAMI BEACHEL 33180 N. MIAMI BEACHEL 33180							DO NOT W	RITE IN THIS	SPACE_		
							3. Date Incorporated or Qualifed				
MIANI BEACH E 33141							03/19/1997	_		aliad Car	
<del></del> j	ace of Business	— — ·	Mailing Address				4. FEI Number 65-0751968		L-+	plied For t Applicable	
21	# ata	26	Suite, Apt. #, etc.			-+	00707018000		\$8.75 A		
Suite, Apt.	#, etc.	27	Julia, Apr. #, oto.			1	<ol><li>Certificate of Status Desired</li></ol>		Fee Re		
City & State	<u> </u>		City & State			_+	6. Election Campaign Financir	ng _	\$5.00	Mav Be	
23 28							Trust Fund Contribution	,a 🗆	Added t	*	
Zip	Country 25		Zip [	Country 30	/		This corporation owes the corporation of the co	urrent year In	tangible □Yes	□No	
	9. Name and Address of Curr		red Agent		_		10. Name and Address of Ne	w Registered	Agent		
8											
CHIARATO, VGO V						Address	(P.O. Box Number is Not Acce	ptable)			
220 71 ST - STE. 213								_			
MIAMI BEACH FL 33141					i <b>\</b>					}	
				84	City			. FL	. 85 Zip 0	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpo										registered	
office or r	enistered agent of both in the Sta	ate of Florida	- Such change was au	ithorized by	the coro	corpora oration's	ition submits this statement for its board of directors. I hereby ac	cept the appo	intment as re	gistered	
agent I a	m familiar with, and accept the obj	igations of, S	Section 607.0505, Flori	ida Statute:	\$.		•			·	
SIGNATURE	Signature, typed or printed name of registered	ngent and title if s		Registered Age	nt signature r	regulred wh	nen reinstating)	DATE			
12.		AND DIREC		13.			ADDITIONS/CHANGES TO	OFFICERS AI	ND DIRECTO		
TITLE .	PD		☐ DELETE	1.1 TITLE		80	A A	_	☐ Change	Addition	
NAME	AMATI, RICCARDO			1.2 NAME		VH	ATU RICCARD	. ∢n∈	913		
STREET ADDRESS	21498 W. DIXIE HWY.			1,3 STREE	TADORESS		TIST STREET		حاج		
CITY-ST-ZIP	N. MIAMI BEACH FL 33180			1.4 CITY-5	ST-ZIP		AM BEACH, FL	<u> 3314 I</u>			
TITLE	VD'		☐ DELETE	2.1 TITLE		V.D			Change	☐ Addition	
NAME	MALVISI, ALBERTO			2.2 NAME		-				,	
STREET ADDRESS	21490-W. DIXIE HWY.				TADDRESS		o TIST STAFF	45			
CITY-ST-ZIP	N. MAMI BEACH FL 39480		DELETE	2. 4 CITY-	ST-ZIP	MI	AMI BEACH FL	2514	Change	Addition	
TITLE	WEIGHT AND		DELETE	3.1 TITLE		Ì			C 0.12.18-		
NAME	VERZURA ANDY 21490-W. DIXIE HWY.			3.2 NAME	T ADDRESS					ļ	
STREET ADDRESS	DI. MIAMI BEACH FL 33180			3,4. CITY-							
CITY-ST-ZIP	SD SD		☐ DELETE	4.1 TITLE	31-21	$\vdash$			☐ Change	☐ Addition	
NAME '	CHIARATO, UGO V		_	4, 2 NAME							
STREET ADDRESS	220 71 ST. STE. 213				TADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL 33141			4.4 CITY-	ST-ZIP						
TITLE		_	☐ DELETE	5.1 TITLE					☐ Change	☐ Addition	
NAME, i				5.2 NAME							
STREET ADDRESS.				•	TADDRESS					ļ	
CITY-ST-ZIP				5.4 CITY-	ST-ZIP					TALES:	
TITLE		-	☐ DELETE	6.1 TITLE					☐ Change	☐ Addition	
NAME				6.2 NAME						ĺ	
STREET ADDRESS				■ toJSIKEt	TADDRESS	1				l	

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE: