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 # P9700026754

	ern construction and	DESIGN, INC.			
Principal Pla	ice of Business	Mailing Address			
7990 SW 117TH AVE, STE 137 MIAMI FL 33183		7990 SW 117TH AVE. STE 1 MIAMI FL 33183	37	DO NOT WRITE IN T	HIS SPACE
			•	3. Date Incorporated or Qualifed	
				03/25/1997	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0755818	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State ·		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25		30	Personal Property Tax.	Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
GA.	DOM HECTOR				
GARCIA, HECTOR 7990 SW 117TH/AVE. STE 137 MIAMLEL 33183			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
14117	-my : 2 33 140 /		"		的。
	1 N		84 City		FL 85 Zip Code
11. Pursua office of agent. I SIGNATUR	the the provisions of Sections 607.00 ring Stered Alent, of both, in the Star am layers with and accept the obline	502 and 607.1508, Florida Statute te of Florida. Such change was au gations of, Section 607.0405, Flor	es, the above-named cor uthorized by the corporated ida Statutes.	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e or changing its registered
	-V	HUTU	OFICEIF		20/19
42	Signature, typed or printed name of registered a	igent and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) OAT	3 0) 11
12.	Signature, typed or printed name of registered a OFFICERS /	HUTU	OFICEIF	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICER:	3 0) 11
TITLE	Signafure, typed or printed name of registered a OFFICERS /	igent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature required 13.	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTORS IN 12
TITLE NAME	Signafure, wheel or printed name of registered a OFFICERS A GARCIA, HECTOR	gent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature requirements 13.	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTORS IN 12
NAME STREET ADDRES	RD GARCIA, HECTOR 7990 SW 117TH AVE. STE 1	gent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature requii 13. 1.1 TITLE 1.2 NAME	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTORS IN 12 Change Addition
TITLE NAME	Signafure, wheel or printed name of registered a OFFICERS A GARCIA, HECTOR	gent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTORS IN 12
TITLE NAME STREET ADDRES CITY-ST-ZIP	RD GARCIA, HECTOR 7990 SW 117TH AVE. STE 1: MIAMI FL 33183	gent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	RD GARCIA, HECTOR 7990 SW 117TH AVE. STE 13 MIAMI FL 33183 SD AGUIRRE, GERARDO	gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTORS IN 12 Change Addition
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Aupplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information uppliemental 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 or provide the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered. CITY-ST-ZIP 14. I hereby certify that the indicated on this annual officer or director out Block 12 or Block 13

5.2 NAME

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90007 048 ***150.00

Change

Addition