

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90238 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000057032
 1. Corporation Name
ASPEN CONSTRUCTION, INC.



Principal Place of Business 1814 NE MIAMI GARDENS DRIVE #304 MIAMI FL 33179	Mailing Address 1814 NE MIAMI GARDENS DRIVE #304 MIAMI FL 33179
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1660 NE 135 St Suite, Apt. #, etc. 22 Suite # 7 City & State 23 MIAMI FLORIDA	2a. Mailing Address 26 PO Box 600368 Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA	3. Date Incorporated or Qualified 06/30/1997	4. FEI Number 59-3678432	Applied For Not Applicable
24 33181	25 USA	29 33160	30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent FIELDSTONE, RONALD R ESO 200 S BISCAYNE BLVD SUITE 2100 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name OTMEZ GUINE SYLVIA 82 Street Address (P.O. Box Number) 1660 NE 135 Street 83 Suite # 7 84 MIAMI FL 85 Zip Code 33181
---	---

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named Corporation submits this statement for the purpose 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: *[Signature]* DATE: *4/21/99*

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/>
NAME	OTMEZGUINE, SYLVIA	
STREET ADDRESS	1814 NE MIAMI GARDENS DRIVE #304	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	OTMEZ GUINE SYLVIA		
1.3 STREET ADDRESS	1660 NE 135 St # 7		
1.4 CITY-ST-ZIP	MIAMI FL 33181		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 change I, or on an attachment with an address with all other like empowered

SIGNATURE: *[Signature]* DATE: *4/21/99* (305) 895 7675

CR2E001 (1/198)