03-11-1999 90011 044 ***150.00

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 # P9700060518

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

Н & М В	UILDING CONTRACTORS,	INC.				
Principal Place of Business Mailing Address				_		
		100 WEST 64TH TERRACE HIALEAH FL 33012			DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed 07/11/1997	
2. Principal Pl	2a. Mailing Address			4. FEI Number Applied For		
21 26					65-0766674 Not Applicable	
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired \$8.75 Additional Fee Required	
City & State	& State City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country 25	Zip 30	Country	_	8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
MORALES, HERMENEJILDO 100 WEST 64TH TERRACE HIALEAH FL 33012			81 82 83	82 Street Address (P.O. Box Number is Not Acceptable)		
			84		 	
11. Pursuant to the provisions of Sections 607.0502 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sk				t signature	ture required when reinstating) DATE	
12.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	MOID MEET, FIEL MINES AND A		1.2 NAME			
STREET ADDRESS	100 1111 1211		1.3 STREET	ADDRESS	ESS	
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-S	T-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	Morales, Eugenia		2.2 NAME			
STREET ADDRESS	ADDRESS 100 WEST 64TH TERRACE 235		2.3 STREET	TADDRESS	ESS .	
CITY-ST-ZIP	O1-E11		2. 4 CITY-S	T-ZIP		
TITLE		☐ DELETE	3.1 TITLE	-	☐ Change ☐ Addition	
l			2 2 NAME		1	

6.4 CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADORESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

☐ Change

Change

☐ Change

☐ Addition

Addition

Addition