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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071819 (1)

FLORIDA BUILDERS & CONSULTANTS, INC.

Principal Place of Business Mailing Address 29320 SW 205 AVENUE 29320 SW 205 AVENUE HOMESTEAD FL 33030 HOMESTEAD FL 33030		AVENUE L 33030	DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualified 08/19/1997		
2. Principal Place of Business 21	26. Mailing Add	4. FEI Number 5-6788397	-	
Suite, Apt. #, etc.	Suite, Apt. #	etc. 5. Certificate of Status Dosired	□ \$8 F	
City & State	City & State	Bection Campaign Financing Trust Fund Contribution	\$:	
Zip Co 24 25	untry Zip	Country 8. This corporation owes or has paid to Personal Property Tax due June 30		

FILED May 28 1998 8:00am Secretary of State



Qualified Applied For Not Applicable \$8.75 Additional esired Fee Required \$5.00 May Be nancing Added to Fees or has paid the current year Intangible Yes due June 30. □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BARED, PABLO R 81 1500 SAN REMO AVENUE SUITE 177 82 **CORAL GABLES FL 33146** В3 84 City. ons 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered pt the obligations of, Section 607 0505, Fiscida Statutes. 11. Pursuant to the provisions of DIMAIN TURE Signature, typicid or of regestered agent and title it appli 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE TITLE 11 TITLE Change ☐ Addition ROUMAIN, GEORGE 1.2 NAME NAME 29320 SW 205 AVENUE STREET ADDRESS 1.3 STREET ADDRESS **HOMESTEAD FL 33030** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE CORDERO, DARCIE 2.2 NAME 29320 SW 205 AVENUE STREET ADDRESS 2.3 STREET ADDRESS **HOMESTEAD FL 33030** 2. 4 CITY - ST- ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 21P DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 2IP DELETE TITLE 6.1 TITLE Change ■ Addition 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

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 of true on empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed or on an allogiment with an address.

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George