## 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 # P97000072645

1, Corporation Name

KAISER STRUCTURE, INC.

Principal Place of Business	Mailing Address	_
14661 SW 52ND ST	14661 SW 52ND ST	
MIAMI FL 33175	MIAMI FL 33175	•

## Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90041 044 \*\*\*150.00



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MIAMI FL 33175 MIAMI FL 33175						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualife		SPACE		
						08/21/1997	, u			•
a Principal D	lace of Business	2a. Mailing Ad	ldress			4. FEI Number		Ap	plied For	
<del>_</del>	iace of business	26				NOT APPLICABLE		<del>-</del>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.					\$8.75	Additional	,
22	•	27				5. Certifcate of Status Desired		Fee Re	quired	
City & State	8	City & Sta	te			6. Election Campaign Financing	g 🖂	\$5.00	-	
23		28				Trust Fund Contribution		Added	o Fees	
Zip	Country	Zip		Countr	ry	8. This corporation owes the cu	urrent year Int			
24	25	29	30			Personal Property Tax.		Yes	□No	<u></u>
<del></del>	9. Name and Address of Curre	nt Registered Ager	ıt	8	4 Nama	10. Name and Address of Nev	A.Kedizteten.	Agent		
MEN	ENDEZ IAMED			•	1 Name	•				
	ENDEZ, JAVIER :1 SW 52ND ST			8:	2 Street Add	ress (P.O. Box Number is Not Accept	ptable)			
	/I FL 33175			8:	<u></u>	···				
IVILAIV	MI FL 33173			0	3				1	
				8	4 City	<del></del>	FL	85 Zip	Code	:
			-14-0-4-	46		possion submits this statement for the		changing its	registered	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such ch	ande was autho	orizea b	v the corporati	ion's board of directors. I hereby acc	cept the appoin	ntment as re	gistered	1
agent. I ai	m familiar with, and accept the obliga	ations of, Section 60	7.0505, Florida	ı Statute	es.					
_										
SIGNATURE			ALOTE D.			nd whos relativities)	DATE			_
	Signature, typed or printed name of registered age		(NOTE: Req	gistered Ag	gent signature require	ed when reinstating)	DATE DEFICERS AN	ID DIRECTO	ORS IN 12	(86)
12.	OFFICERS AI	ND DIRECTORS	(NOTE: Rec			ed when reinstating)  ADDITIONS/CHANGES TO C		ID DIRECTO	ORS IN 12	(11/98)
12. TILE	OFFICERS AI	ND DIRECTORS		gistered Ag 13. 1.1 TITLE	: [					м (11/98)
12. TITLE NAME	OFFICERS AI PD MENENDEZ, JAVIER	ND DIRECTORS		gistered Ag 13. 1.1 TYTLE 1.2 NAME	:					E034 (11/98)
12. TITLE NAME STREET ADDRESS	OFFICERS AI PD MENENDEZ, JAVIER 14661 SW 52ND ST	ND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STRE	EET ADDRESS					R2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI PD MENENDEZ, JAVIER 14661 SW 52ND ST MIAMI FL 33175	ND DIRECTORS		gistered Ag 13. 1.1 TYTLE 1.2 NAME	EET ADDRESS					CR2E034 (11/98)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AI PD MENENDEZ, JAVIER 14661 SW 52ND ST MIAMI FL 33175 SD MENENDEZ, MIGUEL A	ND DIRECTORS	DELETE	gistered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	EET ADDRESS ST-ZIP			Change	☐ Addition	CR2E034 (11/98)
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AI PD MENENDEZ, JAVIER 14661 SW 52ND ST MIAMI FL 33175 SD MENENDEZ, MIGUEL A 14661 SW 52ND ST	ND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY 5.1 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY	E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E E E ADDRESS -ST-ZIP			☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition	

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 phanged, or on any attachment with an address, with all other like empowered.