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

PROFIT CORPORATION ANNUAL REPORT

1999



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90185 006 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT L. Corporation Name	# P9700008008 ¹
	CONSTRUCTION COMPANY

Principal Place of Business 2050 WEST 56TH ST SUITE 32-208 HIALEAH FL 33016

Mailing Address 2050 WEST 56TH ST

SUITE 32-208 HIALEAH FL 33016

		3. Date Incorporated or Qualifed 09/16/1997
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 1033 W. 62 ST.	26 2033 W. 62 ST.	65-0781127

27

28 29 65-0781127

5. Certificate of Status Desired

Personal Property Tax.

6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible

Fee Required \$5.00 May Be Added to Fees

Applied For

Not Applicable \$8.75 Additional

☐ Yes 10. Name and Address of New Registered Agent

MORENO, LUIS 2050 WEST 56TH ST **SUITE 32-208** HIALEAH FL 33016

82	Street Address (P.O. Box)Number is Not Acceptable)	
83	#208	
84	City 13 A 1 PAIL	85 ZipCode/

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.

Name

SIGNATI	IDE
SIGNAL	ノベに

SIGNATURE	District and a second against a great	and title if analisable (NOTE: D	agistared Apont signature I	actilized when reinstation)	DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS		The state of the s				RS IN 12
TITLE	P	DELETE	1,1 TITLE	ADDITIONS/OTIAN	ozo to otriocito A	☐ Change	Addition
NAME	MORENO, LUIS		1.2 NAME				_
STREET ADDRESS	2050 WEST 56TH ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-ST-ZIP		_		
TITLE	VP	☐ DELETE	2.1 TITLE	•		☐ Change	☐ Addition
NAME	SEQUEIRA, ROBERTO		2.2 NAME				1
STREET ADDRESS	7155 W 14 CT #6		2.3 STREET ADDRESS	_	•		
CITY-ST-ZIP	HIALEAH FL 33014		2. 4 CITY-ST-ZIP				
TITLE	SEC	☐ DELETE	3.1 TITLE		7	Change	☐ Addition
NAME	-cadeill o, douglas		3.2 NAME	CASTILLO,	D0466	A5	
STREET ADDRESS	3041 W 76 ST #110		3.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33018		3.4. CITY-ST-ZIP				
TITLE	TRE	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	MORENO, JUAN A		4. 2 NAME				
STREET ADDRESS	2136 W 56 ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33016		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		OELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				1

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 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.

OFFICER OR DIRECTOR

SIGNATURE: