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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000082517

STREET ADDRESS

CITY-ST-ZIP

R.P. CONSTRUCTION, INC.

Principal Place of Business Mailing Address						-	(8)	1181) 1 98 1 1 98 1	
7480 N.W. 52ND	STREET	7480 N.W. 52ND STREET							
B		B MANU SL 22186				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33186	5	MIAMI FL 33186	AMI FL 33186			3. Date Incorporated or Qualifed			
						09/22/1997			l
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	ĺ
21		26				65-0840692		t Applicable	l
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		i
22		City & City					Fee Re		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•	ĺ
Zip	Country	Zip	Cor	intry		This corporation owes the current year		01003	Į
24	25	29	30			Personal Property Tax.		□No	ĺ
	9. Name and Address of Current		1,00	Γ		10. Name and Address of New Registere	AgeN		
				81	Name				1
PACI			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			l	
	S.W. 123 COURT L #203				0.000				
MIAN	MI FL 33186			83					
				84	City		85 Zip (Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t				hove	-named come	•	_	registered	l
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	uthonzed	יעם נ	the corporatio	n's board of directors. I hereby accept the app	pointment as req	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	ANOTE CANAL	Pagintaga	l A zon	t signature required	When reinstating) DATE			_ ا
12.	OFFICERS ANI		13.		t organization to open and	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	}
TITLE			1.1 13	TLE			☐ Change	Addition	3
NAME	PACHECO, RICARDO			AME					3
STREET ADDRESS	1-11 AND 100 ADDISON 1 WASA			REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186			TY-S1	r-zip				غ ا
TITLE	☐ DÉLETE 2.1			TLE			☐ Change	Addition	١,
NAME	2.3		2.2 N	AME					
STREET ADDRESS			2.3 S	TREET	ADDRESS	•			l
CITY-ST-ZIP				ITY-S	T-ZIP		☐ Change	Addition	
TITLE			3.1 T				□ cuaride		
NAME			3.2 N						
STREET ADDRESS					ADDRESS				Ì
CITY-ST-ZIP		□ DELETE	3.4. C	ITY-S	1-212		☐ Change	Addition	1
TITLE			4.21				_ ,		
NAME expect apopess		~			ADDRESS	رانيالمايانيان الاستهمان المهمانيات	واستحداث	 	.
STREET ADDRESS			•	TY-S		•		•	
TITLE		☐ DELETE	5.1 T				☐ Change	Addition	1
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADORESS	·			[
CITY-ST-ZIP			5.4 C	ITY-S	T-21P				
TITLE		☐ DELETE	6.1 T	TLE			Change	☐ Addition	
1 1/44/5			6.2 N	AME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: