## 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 # P9800001859

1. Corporation Name

ROBERT KLEIN GENERAL CONTRACTOR, INC.

Principal	Place	of	Business	

Mailing Address

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90083 026 \*\*\*150.00



1075 MIAMI GARDENS DRIVE #303 1075 MIAMI GARDENS ( MIAMI FL 33179 MIAMI FL 33179		1075 MIAMI GARDENS DRIVE	#303							
		MIAMI FL 331/9	AIAMI PL 331/9			DO NOT WRITE IN THIS SPACE				
					3. Date In	corporated or Qualifed				
					01/08	/1998				
2. Principal Pla	ace of Business	2a. Mailing Address			₄ FEI Nu	mber		Apr	lied For	
21					(Je	5-0804	117	Not	Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		-		to of Ct. to a Desired		\$8.75 A	dditional	
22	•	27			5. Certifica	ate of Status Desired		Fee Rec	uired	
City & State		City & State			6. Election	n Campaign Financing	П	\$5.00 1	vlay Be	
23		28			Trust F	und Contribution		Added to	Fees	
Zip	Country	Zip	Country	7	8. This co	8. This corporation owes the current year intangible				
24	25	29 30				Personal Property Tax. Yes No				
	9. Name and Address of Currer	nt Registered Agent			10. Name	and Address of New	Registered	Agent		
	W 4146/FR		81	Name						
	RILAWYER		82	Street	Address (P.O. Box	Number is Not Accept	able)	<del>-</del>		
	ALMERIA AVENUE		L	ļ	· · · · · · · · · · · · · · · · · · ·					
COH	AL GABLES FL 33134		83	į						
			84	City				85 Zip C	ode	
				1			FL	-   _   _ ` _		
11. Pursuant 1	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named	corporation submit	s this statement for the	purpose of	changing its	registered	
affina ar m	egistered agent, or both, in the State familiar with, and accept the obliga	of Florida, Such change was auti	iorizea dv	the corpo	oration's board of d	ilrectors, i nereby acce	pt the appo	munem as reg	Isteled	
	man man and doopt me obage									
SIGNATURE .	Signature, typed or printed name of registered age:	nt and title if applicable. (NOTE: Re	egistered Age	nt signature r	equired when reinstating)		DATE			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIO	NS/CHANGES TO OF	FICERS A		RS IN 12	
TITLE	PSTD	DELETE	1.1 TITLE		PRESID	DEWL	-	Change	☐ Addition	
NAME	KLEIN, ROBERT		1.2 NAME		KIEIH	LOBERY IAMI GAR	· >.	0		
STREET ADDRESS	1175 MIAMI GARDENS DRIVE		1.3 STREE	T ADDRESS	1075 M	IDM I GDE	DEC:	SUK	•	
CITY-ST-ZIP	MIAMI FL 33179		1.4 CITY-5	T-ZIP	MIDMI	FL. 331	79			
TITLE		☐ DELETE	2.1 TITLE				ŧ	Change	☐ Addition	
NAME			22 NAME			•			•	
STREET ADDRESS			2.3 STREE	TADDRESS						
CITY-ST-ZIP			2.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	TADDRESS						
CITY-ST-ZIP			3.4. CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	TADDRESS						
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	TADDRESS						
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition	
NAME C.	المنازع المعارض والمنازع المعارض والمنازع		6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADDRESS						
CITY-ST-ZIP	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	$\neg$	6.4 CITY+5	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 supplementation 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 trastee 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 50 on an attachney with an address, with all other like empowered.

SIGNATUR