FILED Feb 26, 1999 8:00 am Secretary of State 02-26-1999 90015 021 ***150.00

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 # P98000025832 1. Corporation Name	
BUILDING "D" VENTURE CORPORATION	

Principal Place of Business

Mailing Address

THERREL BAISDEN. P.A. ONE S.E. 3RD AVENUE #2400 MIAMI FL 33131		THERREL BAISDEN. P.A. ONE S.E. 3RD AVENUE #2 MIAMI FL 33131		10 0				DO NOT WRITE IN THIS	SPAC	E		
								Date Incorporated or Qualifed 03/18/1998				
2.	Principal Place of Business	2a. Mailing A	ddress				4.	FEI Number	L	Applied For		
21		26						65-0822174-		Not Applicable		
22	Suite, Apt. #, etc.	Suite, Ap	t. #, etc.				5.	Certificate of Status Desired		.75 Additional ee Required		
	City & State	City & St	ate				6	Election Campaign Financing	\$5	5.00 May Be		
23		28					1	Trust Fund Contribution	•	ded to Fees		
	Zip Country	Zip		Cour	ntry		8.	This corporation owes the current year In	tangible	•		
24	25	29		30				Personal Property Tax.	☐ Yes	s 🗆 No		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
					81	Name						
ROSE, ELLEN ESQ THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI FL 33131				82 Street Address (P.O. Box Number is Not Acceptable)					,			
				83								
				84	City		FL	<u>- </u>	Zip Code			
-::	D	and 607 1509 B	Jorida Statuto	c the at	201/0	named como	retion	submits this statement for the purpose of	changi	na its reaistered		

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.

•					\
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature n	equired when reinstating)	TE ·	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	D DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	WIENER, HAIM	12 NAME			
STREET ADDRESS	C/O 407 LINCOLN ROAD #9L	1.3 STREET ADDRESS		•	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition ∫
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS	. •	•	•
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		<u></u>	
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			}
CITY-ST-ZIP		3.4. CITY-ST-ZIP		· ·	
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME	•	4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS		•	
CITY-ST-ZIP		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	☐ DELETE	61 TITLE		Change	☐ Addition
NAME		62 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP	١	6.4 CITY-ST-ZIP			

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an a I hereby certify that the information supplied with this filing does no indicated on this annual report or supplemental annual report is tru officer or director of the corporation Block 12 or Block 13 if changed, or

SIGNATURE: