

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90012 016 ***558.75

DOCUMENT # **P98000043907**

Corporation Name

SANTIAGO CONSTRUCTION, INC

Principal Place of Business

**87 NE 35 COURT
LAUDERDALE FL 33308**

Mailing Address

**2887 NE 35 COURT
FT LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1998

4. FEI Number

65-0158519

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

Principal Place of Business

2700 TIGERTAIL AVE

Suite, Apt. #, etc.

2a. Mailing Address

2700 TIGERTAIL AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33133

Country

USA

Zip

33133

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALFIERE, RON

2887 NE 35 COURT

FT LAUDERDALE FL 33308

81 Name

ALFIERE, RON

82 Street Address (P.O. Box Number is Not Acceptable)

3001 NE 47 TH ST

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33308

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST ADDRESS **D** ☐ DELETE
ITHIER, MARC
ST-ZIP **2887 NE 35 COURT**
FT LAUDERDALE FL 33308

1.1 TITLE **D**
1.2 NAME **ITHIER, MARC**
1.3 STREET ADDRESS **2700 TIGERTAIL AVE**
1.4 CITY-ST-ZIP **MIAMI, FL 33133**

☒ Change ☐ Addition

ST ADDRESS **D** ☐ DELETE
ITHIER, HELEN
ST-ZIP **2887 NE 35 COURT**
FT LAUDERDALE FL 33308

2.1 TITLE **D**
2.2 NAME **ITHIER, HELEN**
2.3 STREET ADDRESS **2700 TIGERTAIL AVE**
2.4 CITY-ST-ZIP **MIAMI, FL 33133**

☒ Change ☐ Addition

ST ADDRESS ☐ DELETE
ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST ADDRESS ☐ DELETE
ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST ADDRESS ☐ DELETE
ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST ADDRESS ☐ DELETE
ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

M. S. ITHIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99

Date

Daytime Phone #

305-836-8692

CR2E034 (5/99)