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

-PROFIT CORPÓRATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Kati arine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#(P98000057956	_
Corporation Name	(1 00000001 000	•

MENDES SANTANA CONSTRUCTION CORP.

SECRETARY OF STATE

00 MAR 30 AM 11: 12



	•		•				
Principal Place	e of Business	М	ailing Address		-		# 1881-1480 tin 10:01 falti nkil nott ante ante ante cons inist nein ante can
3309 NW 7 STREET 3309 NW 7 STREET MIAMI FL 33125				REINSTATEMENT 99-00			
							3. Date Incorporated or Qualified
							06/29/1998
2. Principal P	lace of Business		Mailing Address	<u> </u>	-	۸	4. FEI Number Applied For
1 21		lue 26	al ne	3rd		we	65-0846664 Not Applicable
Suite, Apt.	<u> </u>	27	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required Fee Required
City & State		2 250 -	City & State Mian: F	-1 3	2	132 -ası	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
3 Miar _{Zip}	ni Fl 3313,	3-8511 28	Zip	Cou		129 -001	B. This corporation owes the current year Intangible
A	25	29	<u></u>	30	,		Personal Property Tax.
	9. Name and Addres		stered Agent	~ _			10. Name and Address of New Registered Agent
					81	Name	
	TANA, ADILSON M				82	Street Addre	ress (P.O. Box Number is Not Acceptable)
	NW 7/STREET				-		
MIAN	AI FL 33125				83		
**					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Section	ons 607.0502 and 6	07.1508, Florida Statut	tes, the al	oove	-named corpo	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
office or re agent. I a	egistered agent, or both, m familiar with and ecce	in the State of Flori pt the obligations of	da. Such change was a i, Section 607.0505, Fic	authorized orida Stati	i by i	tne corporation	on's board of directors. I nereby accept the appointment as registered
SIGNATURE	x / / ten	S00/5/1	41 x /	4011	દિ	on KRE6	1020 JANTANA 3-25-2000
SIGNATURE	<u> </u>	of registered agent and title			Agen	t signature required	od when reinstating) DATE
12.		FICERS AND DIRE	_	13.		1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD		☐ DELETE	1,1 117			—, —
NAME	SANTANA, ADILSON	I M		1.2 NA			5000032033255 -04/11/0001052022
STREET ADDRESS	3309 NW 7 STREET					ADDRESS	****300.08 ****300.00
CITY-ST-ZIP	MIAMI FL 33125		☐ DELETE	1.4 CT 2.1 TT		1-ZIP	Change Addition
TITLE	std Rodriguez, ana b		D ppcc.c	2.1 NA			5000032033255
NAME	ARAG ABU T ATREET	_				ADDRESS	-04/11/ <u>0</u> 0_ <u>-</u> 01052023
STREET ADDRESS	MIAMI FL 33125		- '	2.4 CI			*******8.75 *******8.75
C/TY-ST-Z/P TITLE	MIMMI FE 33 123		☐ DELETE	3.1 TIT		1-24	Change Addition
NAME	li			3.2 NA			
STREET ADDRESS						ADDRESS	Mali
CITY-ST-ZIP	*			3.4. CI			051414
TITLE			□ DELETE	4.1 TI			Change Addition
NAME:				4.2 N	AME		
STREET ADDRESS				4.3 ST	REET	ADDRESS	
CITY-ST-ZIP		•		4.4 CF	TY-ST	r-ZIP	
TITLE	•		☐ DELETE	5.1 TIT	ΓLE		☐ Change ☐ Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 ST	REET	ADDRESS	
CITY-ST-ZIP	,	•		5.4 CF		r•ZIP	_
TITLE			□ DELETE	6.1 TII			☐ Change ☐ Addition
NAME				6.2 NA			·
STREET ADDRESS			_			ADDRESS	
CITY-ST-ZIP	•			6.4 CF	TY-SJ	ZIP X	

14. I hereby certify that the information supplied with this filing roses not qualify for the execution 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 this 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 redeiver or trustee embowered 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 embowered.

SIGNATURE:

SIGNATURE:

Date

Date

Date

Devime Phone #