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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000067972

1. Corporation Name

MIAMI DADE PAVERS INC.

			_						
Principal Place of Business		Mail	ing Address				1 1001(101) (10 1010) (111) (101)		
7925 N.W. 12TH STREET		7925 N.W. 12TH STREET							
STE 324		STE 324				DO NOT WRITE IN TH	IS SPACE		
MIAMI FL 33126 MIAMI FL 33126						3. Date incorporated or Qualifed			
							08/04/1998		
2. Principal Place of Business	3	2a.	Mailing Address				4. FEI Number		plied For
21		26	26				W-0857943		t Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	I .
City & State			City & State			wie, ,	6. Election Campaign Financing	\$5.00	May Be
23		28	¬ ′				Trust Fund Contribution	Added t	
Zip Country			Zip Country				8. This corporation owes the current year Intangible		
24 25]	29	•	30			Personal Property Tax.	☐ Yes	₩o
9. Name an	d Address of Current		ered Agent				10. Name and Address of New Register	ed Agent	
					81	Name			
gavidia, saul		,			82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
7925 N.W. 12TH S	STREET			l'	02	Stieet Addie	(1.0. box Humber to Het Hesses	:	
STE 324					83				
MIAMI FL 33126	\cap				84	Cib		85 Zip (Code
(. \				1	City	F		
11. Pursuant to the provision	o ections 607.0502	and 60	7.1508, Florida Statut	es, the ab	ove-r	named corpo	oration submits this statement for the purpose in's board of directors. I hereby accept the ap	of changing its	registered
office or registered agent	to both, if the State of	f Florida	ı, Such change was a Section 607.0505. Flo	juthorized irida Statu	by th tes.	ne corporation	n's board of directors. I hereby accept the ap	pointinent as re	gistered
SIGNATURE	ane	7					4/14/99		
									ι
Ignature, types of	(ed hame of registered agent	nd title if	applicable. (NOTE	: Registered A	Agent s	s:gnature required	when reinstating) DATE		
	od name of registered agent OFFICERS AND		TORS	: Registered A	Agent s	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
Ignature, types of	·u\					s:gnature required		AND DIRECTO	RS IN 12
12.	OFFICERS AND		TORS	13.	LE	signature required			
12. TITLE PSTD GAVIDIA, SA	OFFICERS AND		TORS	13. 1.1 TITL 1.2 NAM	LE ME	signature required			
12. TITLE PSTD GAVIDIA, SA	OFFICERS AND UL 2TH STREET		TORS	1.1 TITL 1.2 NAM 1.3 STF	LE ME	ADDRESS		☐ Change	☐ Addition
12. TITLE PSTD NAME GAVIDIA, SA STREET ADDRESS 7925 N.W.	OFFICERS AND UL 2TH STREET		TORS	1.1 TITL 1.2 NAM 1.3 STF	LE ME REET A Y+ST-2	ADDRESS			
12. TITLE PSTD NAME GAVIDIA, SA STREET ADDRESS 7925 N.W. CITY-ST-ZIP MIAMI FL 3	OFFICERS AND UL 2TH STREET		CTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT	LE ME REET A Y+ST-2 LE	ADDRESS		☐ Change	☐ Addition
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with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all 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 all over or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; the same legal effect as if made under oath; that I am an although the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if m 14. I hereby certify that the information indicated on this annual report or sofficer or director of the corporation Block 12 or Block 13 if charged, or

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

E REQUIRED

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90223 028 ***150.00