PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000073471

PNT CONSTRUCTION, INC.

Mailing Address 3109 GRAND AVENUE

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90041 030 ***150.00

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Principal Place of Business 3109 GRAND AVENUE #458 DO NOT WRITE IN THIS SPACE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 3. Date incorporated or Qualifed 08/20/1998 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc. 5. Certificate of Status Desi Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Zio Zio Country ☐ Yes □No Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALFIERE, RON-Street Address (P.O. Box Number is Not Acceptable) 3109 GRAND AVENUE #458 **COCONUT GROVE FL 33133** 85 Zip Code 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 red agent and little if applic ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. HELEN ITHIEL Change DELETE 1.1 TITLE TILE **CR2E034** 3109 GRAND AUE # 458 12 NAME NAME 1.3 STREET ADDRESS STREET ADORES COCONUT GROVE, FL 33(1) LA CITY-ST-ZP CITY-ST-ZIP Addition DELETE 21 TILE TILE MARC ITHIER 3109 GRAND AVE #458 22 NAME NAME 23 STREET ADDRESS STREET ADORESS COCONUT GROVE, FL 33133 2.4 CITY-ST-ZIP CITY-ST-ZZP Addition OF FTE 3.1 TITLE TITLE 12 NAME NAME

64 CITY-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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 charged, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

43 STREET ADDRESS

34: CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

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81 TIRE

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