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Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000075604

1. Corporation Name

AAA ALL AMERICAN CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

12391 NW 29 MANOR
SUNRISE FL 33323

12391 NW 29 MANOR
SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1998

2. Principal Place of Business

2a. Mailing Address

21 12717 W Sunrise Blvd
Suite, Apt. #, etc.

26 12717 W Sunrise Blvd
Suite, Apt. #, etc.

22 Suite 318
City & State

27 Suite 318
City & State

23 Sunrise FL
Zip

Country

28 Sunrise FL
Zip

Country

24 33323

25 Broward

29 33323

30 Broward

9. Name and Address of Current Registered Agent

BARBIERI, CARL J JR
12391 NW 29 MANOR
SUNRISE FL 33323

81 Name

Carl J Barbieri Jr.

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

9907 NW 71st Street

83

84 City

Tamarac, FL 33321

FL

85 Zip Code

33321

11. 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

Carl J Barbieri Jr. Carl J Barbieri Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME BARBIERI, CARL J JR
STREET ADDRESS 12391 NW 29 MANOR
CITY-ST-ZIP SUNRISE FL 33323

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

Carl J Barbieri Jr. Carl J Barbieri Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99
Date

954-205-5848
Daytime Phone #

CR2E034 (11/98)