PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90033 030 ***150.00

1999

1. Corporation	MENI # P9800 0)080701			1
•	NSTRUCTION=& CURBING;	:INC:	-		
ACE CONCINCONON & CONDINA, INC.					
Principal Place of Business Mailing Address					1 1901/091 tin 10101 (0111 00114 0011) anin 00141 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111
2813 S.W. 17TH STREET 2813 S.W. 17TH STREET					
FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312					DO MOT MOST IN THE ODAGE
					DO NOT WRITE IN THIS SPACE
	· ·				3. Date Incorporated or Qualifed 09/17/1998
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Currer		11		10. Name and Address of New Registered Agent
				81 Name)
FILI	NGS, INC.			82 Street	t Address (P.O. Box Number is Not Acceptable)
	2 N.W. 16TH STREET			July Olicor	Triadical (1.0. Box Hallies is the state of
FT, I	LAUDERDALE FL 33311-4132		83		
				84 City	85 Zip Code
					FL [" '
11Pursuent-	te the provisions of Sections 607.050	02 and 607.1508, Florida Sta	lutes, the a	bove-named	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, F	Florida Stati	ites.	polition's board of directors. Principly accept the appointment as registered
SIGNATURE	• •				
	Signature, typed or printed name of registered age			Agent signature	e required when reinstating) DATE ADDITION OF TO DEFICE DO AND DIRECTORS IN 12
12.		ND DIRECTORS	13.	n.c	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D FETANCOLIDE FACIN		1.1 Tí 1.2 N		
NAME	BETANCOURT, FASIN		1		ELISEO PantoyA
STREET ADDRESS			- 1	REET ADDRESS	1 20103001131
CITY-ST-ZIP	FT LAUDERDALE FL 33312	☐ DELETE	1.4 CI 2.1 Tř	TY-ST-ZIP	Ft Laud. F1 33312 Treasurer
TITLE	•	ے محدد ہو	2.1 N		Cindy Pantoja
NAME	PANTOJA, JAVIER 2813 S.W. 17TH STREET		4	REET ADDRESS	
STREET ADDRESS	FT LAUDERDALE FL 33312		- 1	ITY-ST-ZIP	2813 SW 1757 Fr Laud, Fl 33312
CITY-ST-ZIP TITLE	F) LAGUERDALE FE 33312	☐ DELETE	3.1 π		Change Addition
NAME	•		3.2 N		,
STREET ADDRESS			- 1	REET ADDRESS	S
			ITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TI		☐ Change ′ ☐ Addition
NAME			4. 2 N	AME	
STREET ADDRESS				REET ADDRESS	8
CITY-\$T-ZIP				TY-ST-ZIP	`
TITLE	18894	☐ DELETE	5.1 TI		☐ Change ☐ Addition
NAME			5.2 N	AME	
STREET ADDRESS			5.3 S	TREET ADORESS	s
CITY-ST-ZiP			5.4 CI	TY-ST-ZIP	
TITLE		☐ DELETE	6.1 TI	TLE	☐ Change ☐ Addition
NAME		,	6.2 N/	WE	
STREET ADDRESS			6.3 ST	TREET ADDRESS	s

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.

6.4 CITY-ST-ZIP

SIGNATURE: