Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90040 014 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P98000098843

COMMERCIAL CONSTRUCTION SERVICES, INC.

5 5 T T T T						
Principal Place of Business Mailing Address						i (60)(60) (10)(10) (0)() of (1) (0)() only only only only only only
600 BRICKELL AVENUE 600 BRICKELL AVENUE						
SUITE 203A SUITE 203A						DO NOT WRITE IN THIS SPACE
MIAMI FL 33131 MIAMI FL 33131						3. Date incorporated or Qualifed
			_			11/24/1998
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certificate of Status Desired \$8.75 Additional Fee Required
22 27 27 City & State City & State						6. Election Campaign Financing \$5.00 May Be
SNy ta Gtato						Trust Fund Contribution Added to Fees
23 Zip	Country	Zip	Cour	ntry		This corporation owes the current year Intangible
24	25		30	•		Personal Property Tax.
24)	9. Name and Address of Current					10. Name and Address of New Registered Agent
	J. Hallo and Madroo C. Carron			81	Name	,
· ZAY	AS, RAUL		-		<u> </u>	/ / / / / / / / / / / / / / / / / / /
600 BRICKELL AVENUE			82 Street Add			Idress (P.O. Box Number is Not Acceptable)
	E 203A		<u> </u>	83		
	AI FL 33131		Į			
***************************************				84	City	FL 85 Zip Code
office or r	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida, Such change was a ions of, Section 607.0505, Flor	rida Statu	tes.	tne corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered agen			Agen	t signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.			Abbitions/Changes to officers and binestoks in 12
TITLE	D	- OCTUR	1.2 NA		ب ز	Device Acul
NAME	ZAYAS, RAUL				ADDRESS	600 Brickell avenue, Suite 203A
STREET ADDRESS	600 BRICKELL AVENUE				ADDRESS	Miami, FL 33131
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE	1.4 GIT			↑
TITLE NAME	d Perez, rafael a	L. DELETE	2.1 TITI 2.2 NAJ		1	Gana B. Ra Fact A.
STREET ADDRESS	600 BRICKELL AVENUE		2.3 STF	REET	ADDRESS (600 Brickel avenue, suite 2034
-CITY-ST-ZIP	MIAMI.FL.33131		2:4 GI	Y-S	T-ZIP.	M-1'ami- FL 33131
TITLE	_ mrum., C.oo.io.	☐ DELETE	3.1 TITI			☐ Change ☐ Addition
NAME	•		3.2 NA	ME	l	
STREET ADDRESS			3.3 STF	REET	ADORESS	
CITY-ST-ZIP			3.4. CIT		T-ZIP	☐ Change ☐ Addition
TiTLE	i	☐ DELETE	4.1 TITI			
NAME			4. 2 NA	ME		,
STREET ADDRESS			4.3 STF	REET	ADDRESS	
CITY-ST-ZIP			4.4 CIT		r-2JP	Channe Maddition
EJTE		☐ DELETE	5.1 TIT			☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS					ADDRESS	
CiTY-ST-ZIP	<u></u>		5.4 CIT		T-ZIP	DOL DAMES
TITLE		☐ DELETE	6.1 TITI			☐ Change ☐ Addition
NAME			62 NA		Į	ļ
empert appece			6.3 STF	REET	ADDRESS	}

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

Perez

STREET ADDRESS

CITY-ST-ZIP