

4-30-1999 3:14PM

FROM DCARIZ. GITLIN*ZOMER 305 444

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90019 050 ***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 # P98000107159			
1. Corporation Name Construction Capital Management Corp.			
Principal Place of Business		Mailing Address	
8001 S.W. 129 terr. Miami, FL 33156			
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified December 28, 1998			
2. Principal Place of Business		2a. Mailing Address	
21 Same	26 Same	4. FEI Number 65-0909016	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country	29 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Luz Stella Dweck 8001 S.W. 129 terrace Miami, FL 33156		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1 TITLE		13.1 TITLE	
NAME		13.2 NAME	
STREET ADDRESS		13.3 STREET ADDRESS	
CITY - ST - ZIP		13.4 CITY - ST - ZIP	
Luz Stella Dweck			
8001 S.W. 129 terrace			
Miami, FL 33156			
12.2 TITLE		13.5 TITLE	
NAME		13.6 NAME	
STREET ADDRESS		13.7 STREET ADDRESS	
CITY - ST - ZIP		13.8 CITY - ST - ZIP	
12.3 TITLE		13.9 TITLE	
NAME		13.10 NAME	
STREET ADDRESS		13.11 STREET ADDRESS	
CITY - ST - ZIP		13.12 CITY - ST - ZIP	
12.4 TITLE		13.13 TITLE	
NAME		13.14 NAME	
STREET ADDRESS		13.15 STREET ADDRESS	
CITY - ST - ZIP		13.16 CITY - ST - ZIP	
12.5 TITLE		13.17 TITLE	
NAME		13.18 NAME	
STREET ADDRESS		13.19 STREET ADDRESS	
CITY - ST - ZIP		13.20 CITY - ST - ZIP	
12.6 TITLE		13.21 TITLE	
NAME		13.22 NAME	
STREET ADDRESS		13.23 STREET ADDRESS	
CITY - ST - ZIP		13.24 CITY - ST - ZIP	
12.7 TITLE		13.25 TITLE	
NAME		13.26 NAME	
STREET ADDRESS		13.27 STREET ADDRESS	
CITY - ST - ZIP		13.28 CITY - ST - ZIP	
12.8 TITLE		13.29 TITLE	
NAME		13.30 NAME	
STREET ADDRESS		13.31 STREET ADDRESS	
CITY - ST - ZIP		13.32 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: Luz Stella Dweck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

305-252-2121

Daytime Phone