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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT #** S01316

1. Corporation Name

LE CONSTRUCTION INC

L.S. CON	ISTRUCTION, INC.								
Principal Place of Business Mailing Address						· (			
11140 S W 47 TERR 11140 S W 47 TERR			TERR						
MIAMI FL 33165 MIAMI FL 33165			5			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						09/13/1990			
		2a. Mailing Ad	dress		<del></del>	4. FEI Number Applied For			
Principal Place of Business  Suite, Apt. #, etc.		<u> </u>	01033			65-0216843	Not	Applicable	
		26 Suite Ant	Suite, Apt. #, etc.				\$8.75 A	dditional	1
		<u> </u>	27			5. Certifcate of Status Desired	Fee Rec	Fee Required	
22			City & State			6. Election Campaign Financing	\$5.00	vlay.Be:∸-	
City & State	•	28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip		Country		8. This corporation owes the current y	ear Intangible		
<del></del>	25	29	30			Personal Property Tax.		No	
24	9. Name and Address of Curr		ıt			10. Name and Address of New Regis	tered Agent		
				81	Name				
SANCHEZ, LEONIDES 11140 SW 47 TERR				82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
					Directified				
	WI FL 33165			83					
				-		**	85 Zip C	ode	
				84	*		FL   `		ĺ
office or nagent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered	ganorio or, essilori es					DATE	<del></del> .	(86)
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		Addition	\ <del>`</del>
TITLE	D		) DELETE	1.1 TITLE			☐ Change	Addition	Ξ.
NAME	SANCHEZ, LEONIDES			1.2 NAME					F034
STREET ADDRESS	AAAAA O MI AT TEDD			1.3 STREET ADDRESS				•	1
CITY-ST-ZIP	MIAMI FL	ami fl		1.4 CITY-ST-ZIP			Change	Addition	<u>ب</u>
TITLE	☐ DELETE		DELETE	2.1 TITLÉ			∐ Change	(_) Audinon	1
NAME				2.2 NAME					
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CITY-ST-ZIP				2. 4 CITY-	ST-ZIP		Change	Addition	1
TITLE			DELETE	3.1 TITLE			Change_	=- IT Addition	-
NAME .	4	•		3.2 NAME					
STREET ADDRESS				3.3 STREE	T ADDRESS			5 34, 4	
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			Addition	-
TITLE			] DELETE	4.1 TITLE	li li	The second se		in F. Madigon	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	ET ADDRESS				
CITY-ST-ZIP				4.4 CITY-	ST-ZIP		[] Ch	☐ Addition	4
TITLE			DELETE	5.1 TITLE			Change	☐ Addition	1
NAME				5.2 NAME			•		
STREET ADDRESS	3				ET ADORESS				Ţ.
CITY-ST-ZIP	±"			5.4 CITY-			F7.05	□ Addition	1
			DELETE	6.1 TITLE			Change	☐ Addition	1

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

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90066 044 \*\*\*158.75