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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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

03-24-1999 90097 009 ***150.00

1. Corporador	MENT # S55339 R CONSTRUCTION CORP.			;				
, Principal Place	e of Business	Mailing Address			ê dûbîtêra dan Altal Bişka rêjanê ê	III WALIO OLDIY WI	IAIN OTAIL ALBLI A	ION ATOM APOL
2245 SW 132NE								
MIAM! FL 33175		MIAMI FL 33175-1120		1	DO NOT WO	TE IN TUIC	CDACE	
-					DO NOT WRI 3. Date Incorporated or Qualifed	IE IN INIS	SPACE	7
	•				05/28/1991			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	olied For
21		26	<u>.</u> _		65-0263315		No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5 Certificate of Status Desired		\$8.75 A	. 1
22		27			5. Octahodae of Otolog Doorlog	<u>بمصرــــــــــــــــــــــــــــــــــــ</u>	<u> </u>	
City & State	e	City & State			Election Campaign Financing		\$5.00	· .
23		28	0		Trust Fund Contribution		Added to	rees
Zip	Country	Zip	Country		This corporation owes the curr Personal Property Tax.	rent year Int		□No
24	9. Name and Address of Curre	29 30	01		10. Name and Address of New I	Registered		
	9. Name and Address of Curren	it Kadistered Adelit	81 Nan	ne	10.		3	
ROD	RIGUEZ, RAUL F.					-61-3		
2245 S.W. 132 AVENUE			82 Stre	et Addres	s (P.O. Box Number is Not Accept	able)		
MIAMI FL 33175			83					
			24 37				85 Zip (ode
_			84 City			FL	85 Zip C	,bue
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Fiorida, Such change was auth	a Statutes.	orporation'	's board of directors. I hereby acce	pt the appoi	ntment as re	gistered
	Clanature, typed or printed name of registered and	ent and title if englicable (NOTE: Ro	egistered Agent signatu	ire required w	then reinstating)	DATE		
12	Signature, typed or printed name of registered age OFFICERS AI		egistered Agent signatu	ure required w			ID DIRECTO	RS IN 12
12.	OFFICERS AI	ant and title if applicable. (NOTE: RI ND DIRECTORS DELETE	13.	ure required w	men reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTO	RS IN 12
	OFFICERS AI	ND DIRECTORS	13.	ure required w				
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CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NORE REQUIRED ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #