Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90019 005 ***158.50

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # MCO400

	WEN # V6948	0				
1. Corporation	n Name					
SOUTH	DADE BUILDERS CONTR	IACTORS INC.				
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					1 14 14 14 14 14 14 14	
Principal Place	e of Business	Mailing Address		i (kā iš kribin akris ratir atan) rotar sert at	BII GIGII GIGII GIGIX DI	INIT ASALI IMAL
		-				
7850 SW 86TH	81	7850 SW 86TH ST #15				
#15 MIAMI FL 33143		MIAM) FL 33143		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualifed		
				10/01/1992		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
		26		65-037-1119	Not	Applicable -
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 A	
—	#, etc.	<u> </u>		5. Certificate of Status Desired	Fee Red	
22		City & State		6 Station Committee Financing	\$5.00	·
City & State	e	⊢ ′		6. Election Campaign Financing	Added to	· · ·
23		28	C	Trust Fund Contribution		71 663
Zip	Country	Zip	Country	8. This corporation owes the current year		No
24	25		30	Personal Property Tax.		EINO
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Register	ed Agent	
			81 Name	SMITH, DONALD W	Ĵ	İ
SMIT	th, donald w.		82 Street	Address (P.O. Box Number is Not Acceptable)		
8074	4 CAMINO REAL		UZ Silect	7850 SW 86# ST		
MIAN	MI FL 33143		83		·	
	•			UNITIS		
			84 City	M/AMI		143
-#inc or -	anistared agent or both in the Sta	sta of Florida. Such change was au	ithorized by the corbo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	pointment as reg	jistered
OTHOR OF I	egistered agent, or oom, in the or	ate of Florida, Caon Grange Table		· · · · · · · · · · · · · · · · · · ·		
agent. I ai	ım tamılıar witn, and accept the obi	ligations of, Section 607.0505, Flor	ida Statutes.			
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agent. I a	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Agent signature n	equired when reinstating) DATE	1	
agent. I a	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: AND DIRECTORS	ida Statutes.		AND DIRECTOR	RS IN 12
agent. I a	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Agent signature n	equired when reinstating) DATE	1	
agent. I al SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS PST	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature in 13.	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
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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: