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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90002 050 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V73428 1. Corporation Name

VALLARTA CONSTRUCTION, CORP.

VALLATI	A CONTINUOTION, CO.							
Principal Place	of Business	Mailing Address						
24988 SW 128TH PATH		P.O. BOX 924870						
		HOMESTEAD FL 330	92			DO NOT WRITE IN T	IIC CDACE	•
US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
								1
						10/21/1992		oplied For
2. Principal Place of Business 2		2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	ot Applicable
21		26				65-0439774		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing S5.00 May Be		
City & State		City & State						
23		28				Trust Fund Contribution	-	to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the current year	Intangible	_
24	25	29	30			Personal Property Tax.	☐ Yes	No
<u> </u>	9. Name and Address of Cur					10. Name and Address of New Register	ed Agent	
	<u> </u>	,	-	81	Name			
RAM	IREZ, HORACIO				Otro - 6 A 1	dress (P.O. Box Number is Not Acceptable)		 -
2498	18 SW 128 PATH	• '		82	Street Add	aress (P.O. Box Number is Not Acceptable)		1 11377 1 21777
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i tuit	06101112 00002					拉伯勒尼亞基礎基礎基礎		
				84	City	·	85 Zip	Code
				i I				o ropistored
	to the provisions of Sections 607, egistered agent, or both, in the Stam familiar with, and accept the ob					rporation submits this statement for the purposition's board of directors. I hereby accept the ap	ppointment as r	egistered
		ligations of, Section 607.050	(NOTE: Register	atutes.	are corpora	red when reinstating) DATE	·	
agent. I a	egistered agent, or both, in the Starm familiar with, and accept the ob	agent and title if applicable. AND DIRECTORS	(NOTE: Register	atutes.	are corpora	DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
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14. I hereby certify that the information supplied with his thing 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 exponential 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 origograpion by the receiver or trustee embowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or do an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: