## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

M53542

(0)

**FILED** May 01, 1996 08:00 AM **Secretary of State** 



E & F BUILDERS CORP.									
Principal Place	of Business	Mailing Address						l <b>i 1</b> 1011 <b>4</b> 1011	
715 S W 73RD AVE STE - 3 MIAMI FL 33144 US		715 S W 73RD AVE STE - 3 Miami FL 33144 US			3. Date Incorporated or Qualified		of Last Re		
						06/09/1987	<u>u</u>	3/02/19	
2. Principal Pla	ice of Business	2a, Mailing Address	, Mailing Address						Applied For
21		26				39-2044331			Not Applicable
Suite, Apt #, etc.		Soite Apt. #, etc.	Suite Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	·			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible ta	x under s	199.032,
24	25	29	30				□No		
<u> </u>	9. Name and Address of Curren	t Registered Agent		[		10. Name and Address of New F	Registered	Agent	
				81	Namo				
EDUARDO RODRIQUEZ 20 SW 66TH AVE				62	Street Add	oss (P.O. Box Number is Not Acceptable)			
	EL 33144			83		144 144 17			
				84	City		FL	85 Z	p Code
SIGNATURE	Signative injustion probability of registered a port					real on submits this statement for the puring of directors. Thereby accept the appointment the puring the puri	-1AÚ		
TULE	P\$	DELFTE	1 1	TITLE	T			Change	Addition
NAME	RODRIGUEZ, EDUARDO		1.2 NAME						
STREET ADDRESS	20 S W 66 AVE		138	FREED	KOORESS .				
CHTY-ST-ZIP	MIAMI FL		140	HY-S!	- ZIF				
TITLE	VPT	DELETE	2.1	T-Ti F			1	Change	Addition
NAME	RODRIGUEZ, EDUARDO JR		221	IAME	1				
STREET ADERESS	7910 SW 69TH AVENUE		235	HITE.	ADDRESS				
CITY - ST - ZIP	MIAMI FL		240	11Y-S	- ZIP				
TITLE		DELETE	3.1	111;,£			ļ	Change	Addition
NAME				IAM(					
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP		FINGER		DITY - SI	ZIF.		-	Change	Addition
TITLE		☐ DETELE		THE				Salarige	L .103911
NAME				NAME	*DODGO:				
STREET ADDRESS					ADORESS				
CITY-ST-ZP	<b>+</b>	DELETE		CHTY - ST TITLE	1.512			Change	Addition
TITLE				NAME					_
NAME CZOCZ ADWOECS					ADDRESS				
STREET ADDRESS				oineri City S	1				
CITY-ST-ZIP TITLE		DELETÉ		TIFLE				Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
3.UEC+MODUE22	1		<b>=</b> • · · ·						
CITY - ST - ZIP			6.4	CITY-S	T - 71P				

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or directly 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 including an additional statutes and address.

SIGNATURE: 🛇

ST NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Coastional Phone #