

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000069889 (2)**

1. Corporation Name
MIAMI BUILDERS GROUP INC.



Principal Place of Business: **7599 NW 7TH ST MIAMI FL 33126 US**
Mailing Address: **7599 NW 7TH ST MIAMI FL 33126 US**

3. Date Incorporated or Qualified: **10/07/1993**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **65-0441068**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**ESPINOSA, PATRICIA O ESQ
7599 NW 7TH ST
SUITE 205
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(8) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Patricia O. Espinosa*

2-22-96

12. OFFICERS AND DIRECTORS

11.1 TITLE	DP	<input type="checkbox"/> DELETE
11.2 NAME	ESPINOSA, FRANCISCO A	
11.3 STREET ADDRESS	7321 LOS PINOS BLVD	
11.4 CITY-ST-ZIP	CORAL GABLES FL 33143	
11.5 TITLE	VST	<input type="checkbox"/> DELETE
11.6 NAME	ESPINOSA, FRANCISCO A	
11.7 STREET ADDRESS	7321 LOS PINOS BLVD	
11.8 CITY-ST-ZIP	CORAL GABLES FL 33143	
11.9 TITLE		<input type="checkbox"/> DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY-ST-ZIP		
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-ST-ZIP		
11.17 TITLE		<input type="checkbox"/> DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-ST-ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-ST-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-ST-ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY-ST-ZIP		

14. I do 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 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 additional page with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96

305-266-1162

CR2E034 (12/95)