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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
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 33126-2908 US

2. Principal Place of Business: 7599 NW 7th Street, Miami Florida, 33126, US
2a. Mailing Address: 7599 NW 7th Street, Miami Florida, 33126, US

3. Date Incorporated or Qualified: 10/07/1993
3a. Date of Last Report: 02/27/1996
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

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

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, FL, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ESPINOSA, FRANCISCO A	
STREET ADDRESS	7321 LOS PINOS BLVD	
CITY- ST- ZIP	CORAL GABLES FL 33143	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	ESPINOSA, FRANCISCO A	
STREET ADDRESS	7321 LOS PINOS BLVD	
CITY- ST- ZIP	CORAL GABLES FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: _____ DATE: 4/4/97 (305) 266 1162

CR2E034 (9/96)