

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90021 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000073093
 Corporation Name

O.J. & BUILDERS CORPORATION



| | |
|--|--|
| Principal Place of Business 230 SW 57TH LN., STE. 106 MIAMI FL 33183 | Mailing Address 14230 SW 57TH LN., STE. 106 MIAMI FL 33183 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/04/1996 | |
| 4. FEI Number 65-0693512 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|---|--|--|--|-----------------------|--|
| 9. Name and Address of Current Registered Agent IGLESIAS, ADOLFO E 12010 SW 97TH ST. MIAMI FL 33186-2606 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | | 83 | | 84 City | |
| | | | | | | FL 85 Zip Code | |

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------------------------|---|--|--|
| E IE EET ADDRESS /ST-ZIP | DP BORRERO, EDUARDO 6838 ABBOTT AVE. #5 MIAMI FL 33141 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | DP BORRERO, EDUARDO 2150 S.W. 26 STREET # 5 MIAMI FL 33123 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| E IE EET ADDRESS /ST-ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E IE EET ADDRESS /ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E IE EET ADDRESS /ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E IE EET ADDRESS /ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E IE EET ADDRESS /ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: 07/02/99 305-594-0311
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

282254-40021-35
P96000073093

O.J. & BUILDERS CORPORATION
14230 S W 57th LN STE 106
MIAMI FL 33183-1056

MIAMI July 02, 1998

TO: FLORIDA DEPARTMENT OF STATE

FROM: O. J. BUILDERS CORPORATION

REF: CORPORATE FILLING

IT JUST CAME TO MY ATTENTION THE 2ND REQUEST FOR PAYMENT ON MASTER LINE AGENCIES ANNUAL REPORT. BUT I REGRET TO INFORM YOU THAT I HAVE NEVER RECEIVED THE ORIGINAL NOTICE.

I HAVEN'T BEEN WITH THE COMPANY VERY LONG AND I AM TRYING TO PICK UP THE PIECES FROM THE LAST TWO PEOPLE THAT WERE HERE BEFORE.

I ASK THAT YOU PLEASE ACCEPT MY PAYMENT FOR \$ 150.00 AND WAIVE THE PENALTY CHARGES.

I THANK YOU VERY FOR YOUR HELP WITH THIS MATTER.

SINCERELY,

Teresa Aguiar

TERESA AGUIAR