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

PROFI CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation		· /			
MATILLA BUILDING CONTRACTORS, INC. Principal Place of Business Mailing Address					
% LUIS MATILLA 7922 SW 13TH STREET MIAMI FL 33144		% LUIS MATILLA 7922 SW 13TH STREET MIAMI FL 33144			
				3. Date Incorporated or Qualified 11/09/1982	3a. Date of Last Report 02/10/1995
_2, Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2355828	Applied For Not Applicable
Suite, Apt. i	#, etc.	Suite, Apl. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country 25	Zip	Country 30	8. This corporation has liability for	
	9. Name and Address of Ci		130	10. Name and Address of New R	
			81 Name	10.	agiotore rigoti
MATILLA, LUIS 7922 SW 13TH STREET MIAMI FL 33144			82 Street Add	, , ,	
			84 City		85 Zip Code
					FL
familiar will SIGNATURE	Squares, type thosphorest came of registeres		Tt: Registured Agent signature requir		DATE
THUE	PST	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	MATILLA, LUIS		1.2 NAME		Charge C Madition
STREET ADDRESS	7922 SW 13TH STREET		1 3 STREET ADDRESS		
	MIAMI FL				
CHY SI ZP	I MICHAIL L	☐ DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME			2 2 NAME	•	Containing Containing
STREET ADDRESS			2 3 STREET ADDRESS		
CHY-ST-ZIP			2 4 CITY-ST-ZIP		
Title		DELETE	3. 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CHY ST ZIP			3.4 CITY - ST - ZIP		
TITLE	1	DELETE	4 1 TILLE		Change Addition
NAML			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-S1-ZIP			4 4 CHTY - ST - ZIP		
THEF		☐ DELETE	5. 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHY ST ZIP			5 4 CITY-ST-ZIP		
TILE		☐ DELETE	6 1 TITLE		Change Addition
NAM:			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
Crty - St - Ziri			64 CHY-ST-ZIP		
	ov certify that the information supp	plied with this filing is voluntarily furn		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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TWEED ON PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

01-18-96
Date Destrue Prone #