FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 638604

(9)

MIAMI POOL CONSTRUCTION, INC.

	1:

FILED Feb 10 1997 8:00am Secretary of State



Principal Mace	B Of Business	Mailing Adoress							
7039 SW 47 ST MIAMI FL 3315		7039 SW 47 ST. Miami Fl 33155-4650						•	
					3. Date Incorporated or Qualified 10/04/1979		e of Last F 2/1996	Report	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		A	oplied For	
21		26			59-1940582			ot Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State	State City & State		6. Election Campaign Financing		\$5.00	May Be			
23	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	28		Trust Fund Contribution	Trust Fund Contribution				
Zip	Country	├──	Z _{IP} Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25		29 30		Florida Statutes				
	9, Name and Address of Curi	ent Hegistereo Agent	81	Name	10. Name and Address of New He	gistered A	gent		
	PRIGUEZ, RAUL		01	Name				Ì	
12253 S.W. 27 STREET MAMI FL 33165		Street Add	treet Address (P.O. Box Number is Not Acceptable)						
ı			83						
			84	City		FL	85 Zip	Code	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change wa	s authorized by	the corpora	poration submits this statement for the patients board of directors. I hereby acce	ourpose of	changing i pintment as	ts registered registered	
SIGNATURE	Signature typod or printed harve of registered	agent and title if applicable (N	OTE: Registered Age	int signature requi	ired when reinstating)	DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12	
TITLE	PO	DELETE	1.1 TITLE			-	Change	Addition	
NAME	RODRIGUEZ, RAUL		1.2 NAME						
STREET ADDRESS	12253 S.W. 27 ST.		1.3 STREET	ADDRESS					
CITY-SI-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP					
TillE	SD	☐ DELETE	2.1 TITLE				Change	noilibbA	
NAME	rodriguez, iris a.		2.2 NAME						
STREET ADDRESS	12253 S.W. 27 ST.		2.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		2 4 CITY-	ST-ZIP					
THUE		DELETE	3 1 TITLE				Change	Addition	
NAME			3.2 NAME	1					
STREET ADDRESS			3.3 STREET	ADORESS]	
CITY ST-ZIP			3.4. CITY -	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET AUDIRESS			4.3 STREET	ADDRESS					
CITY: ST-7IP			4.4 CITY - 3	II-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME	1					
STREET ADDRESS			5.3 STREET	ADDRESS					
City-SI-7/2			5.4 CiTY - 9	ST - ZIP				,	
TULE		☐ DELETE	61 TITLE				Change	Addition	
NAME			62 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
C-1Y-ST-ZIP			6.4 CITY-5						
	l								

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 gran attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

(305)665·3003

Phone I