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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

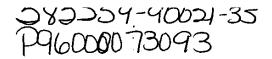
FILED Jul 09, 1999 8:00 am Secretary of State

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WI FL 33183	5		MIAMI	FL 33103					DO NOT WRITE	IN THIS S	PACE		
									3. Date Incorporated or Qualified				-
	<u> </u>		0- 11-	6. M.W Add					09/04/1996 4. FEI Number Applied For				
Principal Pi	lace of Busine	SS	2a. Ma	2a. Mailing Address					65-0693512 Not Applicable				ile
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	$\overline{\Box}$	\$8.75	Additional	\neg
	<u>بروسون و محرو</u>	<u> </u>	27						5. Certificate of Status Desired			Required	-
City & State	9		⊢	City & State \					6. Election Campaign Financing Trust Fund Contribution	П	-	O May Be d to Fees	ļ
Zip		Country		Zip Cou					8. This corporation owes the curren	t vear	Adde	<u> </u>	\dashv
25			29	<u>├</u>					Intangible Personal Property. Yes No				
9. Name and Address of Current Registered Agent									10. Name and Address of New Re	gistered A	gent		4
IGLESIAS, ADOLFO E						81	Name						
	SIAS, ADUL 10 SW 97TH						Street	Addre	ddress (P.O. Box Number is Not Acceptable)				\neg
	AI FL 33186											 	ᅱ
MEAN	M 1 F 00 100			83							_		
						84	City		•	FL	85 Zip	p Code	
Pursuant	to the provision	ons of sections 607	.0502 and 607.1	508, Florida Staf	tutes, the ab	ove-	named c	огрога	tion submits this statement for the purp	ose of cha	nging its	registered	
office or agent. I a	registered age am familiar wit	ent, or both, in the a h, and accept the o	State of Florida. obligations of, se	Such change wa ection 607.0505,	as autnorize , Florida Stat	a by tutes	ine corp i.	oration	n's board of directors. I hereby accept	ine appoint	IIICIII as	registered	
NATURE .						_ 1 4				DATE			
	Signature, typed o	printed name of registere	of agent and title if app S AND DIRECTO		(NOTE: Registe	A Den	gent signatu	re requir	ad when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECT	TORS IN 12	ᅱ
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	ortify that the i	nformation supplied	with this filing d	loes not qualify f				secti	on 119.07(3)(i), Florida Statutes, I furth	er certify th	at the inf	formation	

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 eccurate 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 or an attachment with an antiples.

IGNATURE:



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 2^{ND} 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