

2-10-95 B-1082-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
 ANNUAL REPORT
 1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

**FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS**

95 FEB 10 PM 1:46

DOCUMENT # 385794 (3)

1. Corporation Name
M.C.R. LUMBER & MATERIALS SUPPLY INC.

Principal Place of Business Mailing Address
**27210 S.W. 166TH AVE. 27210 S.W. 166TH AVE.
 HOMESTEAD FL 33031 HOMESTEAD FL 33031**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/19/1971** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business 2a. Mailing Address
 21 **26140 S. Dixie Hwy** 26 **26140 S. Dixie Highway**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
Naranja, Florida Naranja, Florida
 23 Zip Country 28 Zip Country
33232 USA 33032 USA
 24 25 29 30

4. FEI Number **59-1368285** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional
 Fee Required**
 6. Election Campaign Financing **\$5.00 May Be
 Trust Fund Contribution Added to Fees**
 7. This corporation has liability for intangible tax under S. 199.032,
 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ZERVIGON, ALDO ESQUIRE
 201 SEVILLA SUITE #209
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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: _____
(Signature, typed or printed name of registered agent and title if applicable) (Typed Name of Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ROMERO, JULIE R
STREET ADDRESS	26140 S. DIXIE HIGHWAY
CITY - ST - ZIP	NARANJA FL
TITLE	PD
NAME	ROMERO, JOSE M. JR.
STREET ADDRESS	26140 S. DIXIE
CITY - ST - ZIP	NARANJA, FL 33032
TITLE	SD
NAME	ZERVIGON, ALDO
STREET ADDRESS	201 SEVILLA SUITE 209
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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 resolver 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 applicable, or on an attachment with an address.

SIGNATURE: _____ **2-4-95** **234-91424**
(Signature, typed or printed name of signing officer or director) (Date) (Typed Name)