

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**

DOCUMENT # 431141 (1)

95 JAN 17 PM 1:31

1. Corporation Name

M.A.P. CONSTRUCTION ENTERPRISES, INC.

Principal Place of Business

**7800 S.W. 89 AVE.
MIAMI FL 33173**

Mailing Address

**7800 S.W. 89 AVE.
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

2. Filing or Qualified 3a. Date of Report
07/23/1994 **07/1994**

4. FEI Number
59-1505247

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐ **\$6.75** Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.10** (May Be 1990-1994)

8. This corporation has liability for intangible tax Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ARMENTEROS, MANUEL J.
7800 S.W. 89 AVE.
MIAMI FL 33173**

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

11. 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

(Signature, Typed or Printed Name of Registered Agent, and Title if applicable)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PTD
ARMENTEROS, MANUEL J.
7800 S.W. 89 AVE.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
SVD
ARMENTEROS, DAYSY
7800 S.W. 89 AVE.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 193.07(9)(b), 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 for the period or term authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel J. Armenteros, Pres.

1-9-95

279-6136