

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

**FILED**  
**May 21 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 478875 (8)**

1. Corporation Name  
**MAYO CONSTRUCTION INDUSTRIES, INC.**



Principal Place of Business  
**2140 NW 18TH AVE  
 PO BOX 421480  
 MIAMI FL 33242**

Mailing Address  
**2140 NW 18TH AVE  
 PO BOX 421480  
 MIAMI FL 33242-1480**

3. Date Incorporated or Qualified **06/25/1975** 3a. Date of Last Report **04/30/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>1207 SW87 TERR</b>	26 <b>PO BOX 292256</b>	<b>59-1609953</b>	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State <b>PLANTATION FL</b>	28 City & State <b>DAVIE FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip <b>FL</b>	25 Country <b>USA</b>	29 Zip <b>33329</b>	30 Country <b>USA</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>DAVIS, WILLIAM 25 SE 2ND AVE 900 INGRAM BLDG MIAMI FL 33131</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	<b>FL</b> 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 (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D DAVIS, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>25 SE 2ND AVE, 900 INGRAM BLDG</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD MAYO, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>1755 N.E. 116TH ROAD</b>	2.3 STREET ADDRESS	<b>1207 SW87 TERR</b>
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST MAYO, CHRISTINA</b>	3.2 NAME	
STREET ADDRESS	<b>1755 N.E. 116TH ROAD</b>	3.3 STREET ADDRESS	<b>1207 SW87 TERR</b>
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 on an attachment with an address.

SIGNATURE: Christina Mayo Date: 5/7/97 Daytime Phone #: 305-325-1550

CFR2E034 (9/96)