

149 FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **614343** (2)

1. Corporation Name
M.A.P. BUILDERS, INC.



Principal Place of Business: **700 NW 107TH AVENUE MIAMI FL 33172**
Mailing Address: **700 NW 107TH AVENUE MIAMI FL 33172**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. City & State
23. Zip
24. Country

3. Date Incorporated or Qualified: **03/30/1979**
3a. Date of Last Report: **05/01/1995**
4. FET Number: **59-1908120**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **WATSKY, MORRIS J., ESQ. 700 NW 107TH AVENUE MIAMI FL 33172**
10. Name and Address of New Registered Agent (81-85)

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 the corporation) (SOLE Registered Agent signature required when there is only one)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	12 NAME	
STREET ADDRESS	700 N.W. 107TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VD	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLOTIN, IRVING	22 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	VD	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKOR, ALLAN J.	32 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	SD	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, ROBERT B.	42 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	AS	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTAELLA, GRACE	52 NAME	
STREET ADDRESS	700 N.W. 107TH AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	AS	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, E. KATHLEEN	62 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

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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)(k), 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 registered agent 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 the attachment with an address.

SIGNATURE: *Kathleen E. Sierra* Kathleen E. Sierra 4-5-96 229-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)