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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Feb 11 1997 8:00am Secretary of State

FILED

DOCUMENT # 638574 1. Corporation Name M.A.P. CONSTRUCTION, INC. Principal Place of Business 9035 SW 96 ST MIAMI FL 33176 US Mailing Address 9035 S.W. 96TH ST. MIAMI FL 33176 US						
00				Date Incorporated or Qualified 10/04/1979	3a. Date of Last F 02/20/1996	Report
	Place of Business	2a, Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	 	oplied For
21 Suite, Apt #, etc 22		Suite, Apt. #, etc.		59-1941255	- ¢0.75	ot Applicable Additional
		27		5. Certificate of Status Desired	1	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing		May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for		to Fees
24	25	29	30		rimangible tax under s ☐ Yes ☐ No	s. 199.032,
	9. Name and Address of Curre			10. Name and Address of New R	egistered Agent	
	LOTEIN, MICHAEL A		81 Name	AROLE POLS	TEIN	
	5 S.W. 96TH STREET		82 Street Ad	ddress (P.O. Box Number is Not Accepta	ible)	····· V,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MIA	MI FL 33176		83			
			[63]			
			84 City		FL 85 Zip	Code
office or r agent. La	registered agent, or both in the sla on familiar with, and accept the sol	ite of Florida. Such change was ligations of Spetton 607.0505, l	intes, the above-hamed bo s authorized by the corpor Florida Statutes.	orporation submits this statement for the ration's board of directors. I hereby accertations	purpose of changing is apt the appointment as	is registered
SIGNATURE	Signature, typeed or pine or riginic on agriclate a	agent and otte if application. (N ND DIRECTORS	OTE: Registered Agent signature rec	orporation submits this statement for the ration's board of directors. I hereby accending when reinstaling) ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE 12. THE	Signator, typed or project spinor of equipment a OFFICERS A	agen Vird title if applicative. (N	OTE: Registered Agent signature rec	quired when reinstaling)	DATE	RS IN 12
SIGNATURE 12. THE NAME	Signate typed or prived name chappened a OFFICERS A POLSTEIN, MICHAEL A.	agent and otte if application. (N ND DIRECTORS	OTE: Flogislated Agent signature rec 13, 1.1 TIFLE 1.2 NAME	quired when reinstaling)	DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS	Signate typed or prived himse chapters a OFFICERS A POLSTEIN, MICHAEL A. 9035 S.W. 26TH ST.	agent and otte if application. (N ND DIRECTORS	OTE: Riggistered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstaling)	DATE ICERS AND DIRECTOR	
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SIGNATURE 12. THE NAME STREET ADDRESS CHY-SI-ZIP	Sign and typed or proved himse charges for a OFFICERS A POLSTEIN, MICHAEL A. 9035 S.W. SOTH ST. MIAMI FL	agent no simil application (N NND DIRECTORS DELETE	OTE: Fingistered Agent signature rec 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP	quired when reinstaling)	DATE CERS AND DIRECTOF Change	RS IN 12
SIGNATURE 12. ITHE NAME STREET ADDRESS CHY-SI-249 TITLE	Signator typed or pre-ord himse charge for a OFFICERS A POLSTEIN, MICHAEL A. 9035 S.W. BOTH ST. MIAMI FL. CEOS	agent no simil application (N NND DIRECTORS DELETE	OTE: Fingistered Agent signature rec 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE	q.sired when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOF Change	RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME SIRGET ADDRESS	POLSTEIN, MICHAEL A. 9035 S.W. BOTH ST. MIAMI FL CEOS POLSTEIN, CAROLE M.	sgred first stirt if applicable. (NIND DIRECTORS DELETE	OTE: Hogisterad Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME	q.sired when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOF Change	RS IN 12
SIGNATURE 12. 11LE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS	POLSTEIN, MICHAEL A. 9035 S.W. 96TH ST. MIAM FL CEOS POLSTEIN, CAROLE M. 9035 S.W. 96TH	agent no simil application (N NND DIRECTORS DELETE	OTE: Flogisterad Agent signature rec 13. 1.1 TiffLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TiffLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TiffLE	q.sired when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOF Change	RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-7IP THLE NAME STREET ADDRESS CITY-ST-7IP THLE NAME	POLSTEIN, MICHAEL A. 9035 S.W. 96TH ST. MIAM FL CEOS POLSTEIN, CAROLE M. 9035 S.W. 96TH	sgred first stirt if applicable. (NIND DIRECTORS DELETE	OTE: Flogisterad Agent signature rec 13. 1.1 TiffLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TiffLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TIFLE 3.2 NAME	q.sired when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOF Change Change	RS IN 12 Addition Addition
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to me day constitute the 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 scelete or tristee 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 with an address.