


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

FILED  
Mar 11 1997 8:00am  
Secretary of State

|  |  |  |  |
|--|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997  |  |  FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| DOCUMENT # F96000001354<br>1. Corporation Name<br><p style="font-size: 1.5em; font-family: cursive;">MACH Construction Co. Inc.</p>  |  |  |  |
| Principal Place of Business<br>3230 E. FLAMINGO RD # 207<br>LAS VEGAS, NV. 89121   |  | Mailing Address<br>SAME  |  |
| 2. Principal Place of Business<br>21 7027 W. BROWARD BLVD<br>Suite, Apt #, etc.<br>22 STE # 333<br>City & State<br>23 PLANTATION, FL<br>Zip<br>24 33317-2208   |  | 2a. Mailing Address<br>26 SAME<br>Suite, Apt #, etc.<br>27 SAME<br>City & State<br>28 SAME<br>Zip<br>29<br>Country<br>30 USA   |  |
| 3. Date Incorporated or Qualified<br>MARCH 18, 1996  |  | 3a. Date of Last Report<br>MARCH 18, 96  |  |
| 4. FEI Number<br>88-0185258  |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees  |  |
| 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<br>* YOLANDA FERNANDEZ<br>800 PARKVIEW DR # 1024<br>HALLANDALE, FL. 33009  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 fully aware, and accept the obligations of Section 607.0505, Florida Statutes.<br>SIGNATURE: <i>Yolanda Fernandez</i> YOLANDA FERNANDEZ 3-5-97<br>(NOTE: Registered Agent signature required when reinstating)   |  |  |  |
| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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 and 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 on Block 12 or Block 13 if changed, or as an attachment with an address. |  | 80000211708<br>-03/12/97--01108--011<br>***165.00<br>3/5/97 (554) 382224<br>Date Daytime Phone #   |  |
| SIGNATURE: <i>Manuel Aguiar</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>MANUEL AGUIAR   |  | Date<br>Daytime Phone #  |  |

CR2E034 (9/96)