

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 # G91436 (7)

1. Corporation Name

MATAS CONSTRUCTION INC.



Principal Place of Business

Mailing Address

**7137 QUAIL HOLLOW BLVD
4217 N-15TH ST.
WESLEY CHAPEL FL 33544
US**

**7137 QUAIL HOLLOW BLVD
4217 N-15TH ST.
WESLEY CHAPEL FL 33544
US**

3. Date Incorporated or Qualified
03/15/1984

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **7137 Quail Hollow Blvd.**

26 **7137 Quail Hollow Blvd.**

4. FEI Number

59-2397508

Applied For
Not Applicable

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. 199.032, Florida Statutes

☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Wesley Chapel, FL**

28 **Wesley Chapel, FL**

Zip

Country

Zip

Country

24 **33544**

25 **U.S.**

29 **33544**

30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATA, RAUL

**4217 N-15TH ST. 7137 Quail Hollow Blvd.
TAMPA FL 33610 Wesley Chapel, FL 33544**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 ☐ DELETE
NAME **CPV**
STREET ADDRESS **MATA, RAUL**
CITY-ST-ZIP **4217 N-15TH ST. 7137 Quail Hollow Blvd.
TAMPA FL Wesley Chapel, FL 33544**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TMD**
STREET ADDRESS **MATA, RAUL**
CITY-ST-ZIP **4217 N-15TH ST. 7137 Quail Hollow Blvd.
TAMPA FL Wesley Chapel, FL 33544**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **MATA, BEVERLY ANN**
CITY-ST-ZIP **4217 N-15TH ST. 7137 Quail Hollow Blvd.
TAMPA FL Wesley Chapel, FL 33544**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 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: Beverly Mata **Beverly Mata** 3/20/96 (813) 991-5518
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)