

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

FILED

May 14 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 # **K40081** (7)
1. Corporation Name
M. ESCARDA, JR. GENERAL CONTRACTOR CORP.



Principal Place of Business

**% MANUEL ESCARDA JR
9304 S.W. 75TH STREET
MIAMI FL 33173**

Mailing Address

**9304 SW 75TH ST
SUITE 275
MIAMI FL 33173-3213
US**

2. Principal Place of Business

21 **9395 S.W. 66 St.**

Suite, Apt. #, etc.

22 **—**

City & State

23 **Miami, FL.**

24 **33173**

Country

25 **U.S.**

2a. Mailing Address

26 **9395 S.W. 66 St.**

Suite, Apt. #, etc.

27 **—**

City & State

28 **Miami, FL.**

Zip

29 **33173**

Country

30 **U.S.**

3. Date Incorporated or Qualified

10/17/1988

3a. Date of Last Report

01/23/1996

4. FEI Number

65-0082910

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

9. Name and Address of Current Registered Agent

**ESCARDA, MANUEL, JR.
9304 S.W. 75TH STREET
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name
same
82 Street Address (P.O. Box Number is Not Acceptable)
9395 S.W. 66 St.
83 **Miami, FL.**
84 City

FL 85 **33173**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PST**
STREET ADDRESS **ESCARDA, MANUEL, JR**
CITY-ST-ZIP **9304 SW 75TH ST**
MIAMI FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ESCARDA, MANUEL, JR**
CITY-ST-ZIP **9304 SW 75TH ST**
MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

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

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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

CR2E034 (9/96)