

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

FILED
Apr 30, 1996 08:00 AM
Secretary of State

DOCUMENT # M94511 (6)
1. Corporation Name
MASTERPIECE CONSTRUCTION CORPORATION



Principal Place of Business: **8890 W. OAKLAND PARK BLVD. STE 201 SUNRISE FL 33351 US**
Mailing Address: **8890 W. OAKLAND PARK BLVD. STE 201 SUNRISE FL 33351 US**

3. Date Incorporated or Qualified: **08/16/1988**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **65-0061125**
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

2. Principal Place of Business: **21 8448 NW 57th Street**
Suite, Apt. #, etc.:
City & State: **23 Tamarac, FL**
Zip: **24 33321** Country: **25 USA**
2a. Mailing Address: **26 8448 NW 57th Street**
Suite, Apt. #, etc.:
City & State: **28 Tamarac, FL**
Zip: **29 33321** Country: **30 USA**

9. Name and Address of Current Registered Agent
OCAMPO, RAUL, JR.
8890 W. OAKLAND PARK BLVD.
STE 201
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name: **Ocampo, Raul, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable): **8448 NW 57th Street**
83
84 City: **Tamarac** **FL** 85 Zip Code: **33321**

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]* **Raul Ocampo, Jr., President** DATE: **4/24/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	OCAMPO, RAUL, JR.	
STREET ADDRESS	8890 W. OAKLAND PARK BLV	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ocampo, Raul, Jr.	
1.3 STREET ADDRESS	8448 NW 57th Street	
1.4 CITY-ST-ZIP	Tamarac, FL 33321	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **Director/President** DATE: **4/24/96** 954-724-9550

CR2E034 (12/95)