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

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000073221 (2) DOCUMENT #

ECONOMY CONSTRUCTION, MARIA GARCIA, INC.

Principal Place of Business Mailing Address 539 SW 7TH CT P.O BOX 901964 FLORIDA CITY FL 33034 HOMESTEAD FL 33090 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0443805 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Z_{1D} 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA, MARIA 539 SW 7TH CT 82 Street Address (P.O. Box Number is Not Acceptable) FLORIDA CITY FL 33034 83 84 City 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 Hyrida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with and accept the obligation of 507.0506, Florida Statutes. 128 SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition GARCIA, MARIA NAME 1.2 NAME **539 SW 7TH CT** STREET ADDRESS 1.3 STREET ADDRESS FLORIDA CITY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DS DELETE Change Addition TITLE 2.1 TITLE **GARCIA. PEDRO** NAME 2.2 NAME **539 SW 7TH CT** STREET ADDRESS 2.3 STREET ADDRESS FLORIDA CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition GARCIA, JOSE P MALLE 3.2 NAME 539 SW 7TH CT STREET ADDRESS 3 3 STREET ADDRESS FLORIDA CITY FL CITY-ST-ZIP 3 4. C/TY-ST-Z/P DELETE ☐ Change TITLE 41 TITLE ☐ Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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

FILED

May 06 1998 8:00am

Secretary of State