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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P94000078838 (7)

PRO-MAY DAINT AND WATERPROPEING CORP.

**FILED** Feb 09 1998 8:00am Secretary of State

# 11 <b>0</b> 141	A FAIRT AND WATERFROOD	A HAG COM .			
Principal Plac	ce of Business	Mailing Address			10,000   10,101   16,160   11,101   10,11   10,61
9361 SW 140TH ST 9361 SW 140TH ST MIAMI FL 33176 MIAMI FL 33176					
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
				10/26/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /228			131 Ave	65-0530394	Not Applicable
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	le	City & State		C. Staation Committee Singularies	Fee Required
23 WiAM	i, Flo PiDA	28 WIAMI, PI	6RiDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
20 24 3318	Country USA	7318C	Country So US #	8. This corporation owes or has paid the	
24 53(8			90 US M	Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TOWED MANUALIAN AS 81 Name 11'15 District					
TOVER, MAXIMILIAN M				Ison Blanco	
	11 SW 140TH ST IMI FL 33176		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
migr	uni 1 5 00 110		83 788	SO NW 170 TENACE	
			84 City		65 Zip_Code
			[ ] Wir		FL   33015
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 register 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.					
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, 5, and or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSD	DELETE	1.1 TITLE		Change Addition
NAME	TOWER, MAXIMILIAN M		1.2 NAME VI	ISON BIANCO	
STREET ADDRESS	9361 SW 140TH ST		1.3 STREET ADDRESS 7 8	SEO NW 170 TEPP.	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY - ST - ZIP	11AMI, FIA 33015	
TITLE		☐ DELETE	2.1 TITLE	•	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME		_ Main	3.1 TETLE 3.2 NAME		Change C vontion
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELE <b>te</b>	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change
TITLE		☐ NECELE	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP		!	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		ĺ
	certify that the information supplied with	h this filing does not qualify for t		Section 119.07(3)(i), Florida Statutes, I furthe	r certify that the information

Indicated on this annual report or supplied with the information in declarate 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:

May Tower

2/2/68

305-253-7900