

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

FILED

**May 13 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 # P94000080756 (7)
1. Corporation Name
MASTER IRRIGATION, INC.



Principal Place of Business Mailing Address
**7400 W 20TH AVENUE
SUITE 403
MIAMI LAKES FL 33016
US** **7400 W 20TH AVENUE
SUITE 403
MIAMI LAKES FL 33016-1807
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
11/03/1994 **06/14/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 **P.O. Box 4694**
22 City & State 27
23 Zip Country 28 **MIAMI LAKES, FL**
24 25 29 **33014** 30 **Fla.**

4. FEI Number Applied For
65-0535020 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
**RODNEY D. LOGAN, P.A.
100 SE 2ND ST
21ST FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEDRA, OMAR	1.2 NAME	PIEDRA, OMAR PIEDRA, OMAR
STREET ADDRESS	100 SE 2ND ST	1.3 STREET ADDRESS	1400 W. 20 AVE # 403
CITY - ST - ZIP	MIAMI FL 33131	1.4 CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JEANNIE	2.2 NAME	MARTINEZ, JEANNIE MARTINEZ, JEANNIE
STREET ADDRESS	100 SE 2ND ST	2.3 STREET ADDRESS	1400 W. 20 AVE # 403
CITY - ST - ZIP	MIAMI FL 33131	2.4 CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** Change Addition
1.2 NAME **PIEDRA, OMAR**
1.3 STREET ADDRESS **1400 W. 20 AVE # 403**
1.4 CITY - ST - ZIP **MIAMI LAKES, FL 33016**

2.1 TITLE **DV** Change Addition
2.2 NAME **MARTINEZ, JEANNIE**
2.3 STREET ADDRESS **1400 W. 20 AVE # 403**
2.4 CITY - ST - ZIP **MIAMI LAKES, FL 33016**

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:  **OMAR PIEDRA JR.** 4-1297 (305) 823-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)