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

PROFIT -CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000080756 (7)

MASTER IRRIGATION, INC.

Principal Place of Business Mailing Address 7400 W 20TH AVENUE 7400 W 20TH AVENUE SUITE 403 SUTIE 403 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016-1807 3. Date Incorporated or Qualified 3a. Date of Last Report 11/03/1994 06/14/1996 2a. Mailing Address 26 P. D. BOX 4. FEI Number 2. Principal Place of Business Applied For 65-0535020 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI Trust Fund Contribution 23 Added to Fees Žφ Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RODNEY D. LOGAN, P.A. 81 100 SE 2ND ST Street Address (P.O. Box Number is Not Acceptable) 82 21ST FLOOR MIAMI FL 33131 83 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 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: typed or printed name of registered agent and tice if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, Change Addition DELETE DILLE 1.1 TITLE PIEDRA, OMAR 1.2 NAME 100 SE 2ND ST 1.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33131** CHTY - S1 - ZIP 1.4 CITY - ST - ZIP DELETE 2 1 TITLE TITLE DV MARTINEZ, JEANNIE NAM: 2.2 NAME 100 SE 2ND ST 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** 2.4 CITY-ST-ZIP City - ST - 70P DELETE Addition HLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CHTY- ST-ZIF 3.4. CITY-ST-ZIP DELETE Change Addition THE 4.1 TITLE **4.2 NAME** NAME 4.3 STREET ADDRESS STREET ACORESS 4.4 CITY - ST - ZIP QH Y - ST - ZIP DELETE ☐ Change Addition 51 TITLE THE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - 717 Addition DELETE THEF 6.1 TITLE 6.2 NAME **6.3 STREET ADORESS** STREET ADDRESS

6.4 City - ST - ZIP

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the temental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the project or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

14. I do hereby certify that the information st information indicated on this annual I am an officer or director of the cor

appears in Block 12 or Block 1

CITY - ST - ZIP

report

FILED

May 13 1997 8:00am

Secretary of State