

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90102 035 \*\*\*150.00

DOCUMENT # P94000080756

1. Corporation Name  
MASTER IRRIGATION, INC.

Principal Place of Business

7400 W 20 AVE  
#403  
MIAMI LAKES FL 33016  
US

Mailing Address

7400 W. 20 AVE  
#403  
MIAMI LAKES FL 33014  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1994

4. FEI Number

65-0535020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 7400 W. 20 Ave  
Suite, Apt. #, etc.  
22 #403

2a. Mailing Address

26 P.O. Box 4694  
Suite, Apt. #, etc.  
27

City & State

23 Miami Lakes FL

City & State

28 Miami Lakes FL

Zip

24 33016

Country

25 Dade

Zip

29 33014

Country

30 Dade

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]* Omar Piedra

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME PIEDRA, OMAR  
STREET ADDRESS 7400 W 20 AVE., #403  
CITY-ST-ZIP MIAMI LAKES FL

TITLE DV ☐ DELETE

NAME MARTINEZ, JEANNIE  
STREET ADDRESS 7400 W 20 AVE #403  
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* SIGNATURE OF OMAR PIEDRA

Date

Daytime Phone #

4-2-99

305-823-0888

CR2E034 (1/98)

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