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

CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling indicated on this annual report or supplienental annual report. officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attaching it

FILED May 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P95000086970 (7) JAC-MAR CONSTRUCTION CORP. Principal Place of Business Mailing Address 7880 WEST 20TH AVE 7890 WEST 20TH AVE. BAY 35 **BAY 35** DO NOT WRITE IN THIS SPACE HIALEAH FL 33016 HIALEAH FL 33016 3. Date Incorporated or Qualified 11/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-06 19483 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LEW. BENNY L 7880 WEST 20TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **BAY 35 B**3 HIALEAH FL 33016 84 City 85 Zip Code Actions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions office or registered agent agent. I am familiar with. ed agent and title if applicable (NO1f : Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 100 € Change Addition TITLE **15**W, Henry NAME 1.2 NAME **#9**31 N.W. 221 St. STREET ADDRESS 1.3 STREET ADDRESS N.M.B FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.171718 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 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 C(TY-\$1-ZIP DÉLETÉ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS**

or out the exemption stated in Section 119.07(3)(i), Floride Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ere empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address.