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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Me tham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000013557 (9)

M:A:R: CONSTRUCTION CONSULTANTS; INC:

Jun 19 1997 8:00am Secretary of State

| M.A.R | . WATERPRODFINE | a consu | LTANT | S,IN | œ. | | | | |
|---|---|---|--|--|---|---|--------------------------|---------------------------|--------------------------------|
| Principal Place | e of Business | Mailing Ad | Mailing Address | | | No. | | | |
| 100 FOURTH LANE KEY LARGO FL 33037 | | 100 FOURTH LANE KEY LARGO FL 33037-4659 | | | | | | i | |
| | | | | | | Date Incorporated or Qualified 02/13/1996 | 3a. Dai | te of Last F | Report |
| 2. Principal Pl | ace of Business | 2a. Mailing | 2a. Mailing Address | | | 4. FEI Number 65-0649619 | | | pplied For |
| 21 | | 26 | | | | 634264 (01 | | ot Applicable | |
| Suite, Apt. #, etc. | | 27 | | | | 5. Certificate of Status Desired | Y | | Additional lequired |
| City & State | 9 | — · | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution | | | |
| 23 → Σ Country | | 28 | Zip Counti | | | Trust Fund Contribution | | | |
| 24 25 | | 29 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| 24 | 9. Name and Address of Curre | | gent | 1301 | | 10. Name and Address of New Re | | | |
| ROD | RIQUEZ, MARCOS A | | | 81 | Name | | | | |
| 8013 SW 149TH AVE. | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | le) | | |
| MIA | | • | 83 | | The second desired and the second desired as a second desired desired as a second desired | | | | |
| _ | | | | 84 | City | | | 85 Zip | Code |
| · · · · · · · · · · · · · · · · · · · | | | | | | | FL. | | |
| 11, Pursuant t office or re agent. La | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig | 02 and 607.1508, e of Florida. Such gations of, Sectior | Florida Statul - change was 1 607.0505, Fl | les, the abov authorized b orida Statute | e-named corp y the corpora s | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of it the appo | changing i sintment as | its registered a registered |
| SIGNATURE | | | | | | · | 544 | | |
| 12. | Signature, typed or profiled name of registered agent and title if applicable (NC OFFICERS AND DIRECTORS | | 13. | ent signature requi | irco when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE FRS AND | DIRECTO | RS IN 12 | |
| TITLE | President/Secretary DOLLETE | | DELETE | 1.1 1/11.E | | 7,000,000,000,000,000,000,000,000,000,0 | 2110 7 1110 | ☐ Change | Addition |
| NAME | Marcos A. Rodriguez | | | 1,2 NAME | | | | | |
| STREET ADDRESS | 8013 SW 149th Ave | nue | 16 - | | 1 ADDRESS | | | | |
| CITY-ST-ZIP | Miami, FL 33193 | | | 1.4 CITY - ST - ZIP | | | | | |
| TITLE | | | DELETE | 2.1 TALE | | | | ☐ Change | ☐ Addition |
| NAME | | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | | 2.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY- | Śł-żip | | | | |
| TITLE | | | DELFTE | 3.1 TITLE | | | | Change | Addition |
| NAME | • | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | | 3.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY- | S1 - ZIP | | | | |
| TITLE | | | DELETE | 4.1 TITLE | | | | Change | Addition |
| NAME | | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | | 4.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | - | | 4.4 CITY- | ST - ZIP | | | | |
| TITLE | | | DELETE | 5.1 TITLE | | | | Change | Addition |
| NAME | | | | 5.2 NAME | | | | /// | /// |
| STREET ADORESS | | | | 5 3 STREE | T ADDRESS | | 17 | 1/0// | 10101 |

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.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

-06/20/97--01053-

***173.75

6 1 1HLF

62 NAME :

DELETE

CITY - ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME