FILED

Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90010 014 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000025846

DON RICARDO BORREGO MASONRY, INC.

			····		·		
Principal Place of Business		Mailing Address	Mailing Address				
74 BAY DR		74 BAY DR					
KEY WEST FL 33040 KEY WEST I US US		KEY WEST FL 33040	FL 33040			DO NOT WRITE IN THIS	CDACE
00		00				3. Date Incorporated or Qualified	- SFACE
						03/18/1996	
2 Principal F	2a. Mailing Address	ailing Addross			4, FEI Number	Applied For	
2. Principal Place of Business 21		├ ¬	26			65-0654324	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			00 000+024	\$8.75 Additional
22		⊢ ¬ ' ' '	27			5. Certificate of Status Desired	Fee Required
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be
23		├─ ┐ '	28			Trust Fund Contribution	Added to Fees
Zip	Country Zip Cour		intry		8. This corporation owes the current year		
24	25	29	30	•		Intangible Personal Property.	☐ Yes ☐ No
	9. Name and Address of Curr	·	1001	T		10. Name and Address of New Registered	Agent
		<u></u>		81	Name		
BORREGO, DON R				99 00 111		(D.O. Bou Mushasia Net Assault 11.)	
74 BAY DR				82 Street Address (P.O. Box Number is Not Acceptable)			Ì
KEY	WEST FL 33040		83				
				84	City	FL	85 Zip Code
office or	registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida. Such change w	as authorize	d by	the corporation	ation submits this statement for the purpose of cl n's board of directors. I hereby accept the appoi	nanging its registered nament as registered
0.01471.0112	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registe	ered Ag	gent signature requir	red when reinstating) DATE	
12.	T	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETE 1.1 TH		TLE			Change Addition
NAME	BORREGO, DON R		1.2 N	AME			
STREET ADDRESS			1.3 \$1	REET	ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040 1.4		1.4 CI	TY-ST-	ZIP		
TITLE		DELETE	2.1 TI	TLE	Ì		Change Addition
NAME		2.2 N		ME			
STREET ADDRESS	-		2.3 S1	REET	ADDRESS		
CITY-ST-ZIP			2.4 C	TY-ST-	ZIP		
TITLE		DELETE	3.1 TI	TLE			Change Addition
NAME			3.2 N/	ME			
STREET ADDRESS			3.3 ST	REET	ADDRESS		
CITY-ST-ZIP			3.4 CI	TY-ST-	ZIP		
TITLE		DELETE	4.1 TI	TLE			Change Addition
NAME			4.2 N	ME			
STREET ADDRESS			4.3 ST	REET A	ADDRESS		1
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP		
TITLE					-		
NAME		DELETE	5.1 Tr	TLE			Change Addition
STREET ADDRESS		DELETE	5.1 Tr 5.2 N/				Change Addition
STREET ADDRESS		DELETE	5.2 N/	ME	ADORESS		Change Addition
		DELETE	5.2 N/ 5.3 ST	AME REET A	}		Change Addition
CITY-ST-ZIP TITLE			5.2 N/ 5.3 ST 5.4 CI	ME REET A	}		
CITY-ST-ZIP		☐ DELETE	5.2 N/ 5.3 ST 5.4 CI	REET A	}		Change Addition

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 an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

CITY-ST-ZIP

305 744 0215 Daytime Phone #