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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039865

1. Corporation Name

MCN CONSTRUCTION, INC

Principal Place of Business

Mailing Address

~~17400 N.W. 68AVE #417~~
~~MIAMI, FLORIDA 33015~~

3. Date Incorporated or Qualified
05-09-1996

3a. Date of Last Report

4. FEI Number
65-0665013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 10321 SW 142ND CT.

26 10321 SW 142ND CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

24 Zip 33186

Country U.S.

29 Zip 33186

Country U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIGUEL A. QUIROZ
~~17400 N.W. 68AVE APT #417~~
~~MIAMI, FL 33015~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10321 SW 142ND CT.

83

84 City MIAMI

FL

85 Zip Code 33186

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MIGUEL A. QUIROZ
STREET ADDRESS ~~17400 N.W. 68AVE APT #417~~
CITY-ST-ZIP ~~MIAMI, FL 33015~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
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 10321 SW 142ND CT
1.4 CITY-ST-ZIP MIAMI, FL 33186

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

RW
4-16-97

500002145895
-04/17/97--01019--043
***165.00

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 included 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.

SIGNATURE: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRESIDENT)

4-5-97 (205) 383-5283

Date

Daytime Phone #

MIGUEL A. QUIROZ

CR2E034 (9/96)