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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000060377 (4)

J. M. CONSTRUCTION OF POMPANO INC. Principal Place of Business Mailing Address 1630 NE 47TH COURT 1630 NE 47TH COURT POMPANO BEACH FL 33064 POMPANO BEACH FL 33084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/17/1996 4. FEI Number 2. Principal Place of Business 2s. Mailing Address Applied For 21 Not Applicable 65-0680067 Suite, Apt. #, etc Suite. Apt. #, etc \$8.75 Additional 5 Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 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 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MAR-RUBIO, JAVIER 1630 NE 47TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33064 83 84 City 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 Statu of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am famplar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Addition 1.1 TITLE Change MAR-RUBIO, JAVIER NAME 12 NAME STREET ADDRESS 1630 NE 47TH COURT 1.3 STREET ADDRESS POMPANO BEACH FL 33064 City-St-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME MACEDOBIO, HORTENCIA 2.2 NAME STREET ADDRESS **1830 NE 47TH COURT** 2.3 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 2 4 CITY - ST- ZIP 🔲 DELETE TITLE 3 1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELFTE TITLE 41 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 51 YILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE

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FILED

Feb 18 1998 8:00am

Secretary of State