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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPAREMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000022484 (4)

MORALES & SON MASONRY CORP.

Country

9, Name and Address of Current Registered Agent

25

Principal Place of Business							
5435 NW 177TH TERR.							
CAROL CITY FL 33055							

2. Principa! Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

24

Mailing Address

2a. Mailing Address

City & State

28

29

Suite, Apl. #, etc.

5435 NW 177TH TERR. CAROL CITY FL 33055

FILED Jun 22 1998 8:00am Secretary of State



8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Yes

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

03/12/1997

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Properly Tax due June 30.

10. Name and Address of New Registered Agent

4. FEI Number

65-07

	MORALES, JORGE 5435 NW 177TH TERR. CAROL CITY FL 33055			Name			
				Street Address (P.O. Box Number is Not Acceptable)			
·							
		84	City		B5 Zip C	- do	
		64	Cily	F <u>L</u>	21p C	.oue	
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 typicd or product mark of tray close 4 agent and folio it approach. (NOTE Registered Agent a greature required when reinstating). DATE							
12.	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS	S IN 12	
TITLE	Resident - owner DELETE 1371	TLE			Change	☐ Addition	
NAME		12 NAME					
STREET ADDRESS	5433 NW 177 Tecrace 135	TREET.	ADDRESS				
CITY-ST-ZIP	Cosol City, FL 33055	1Y-\$1	- 7IP				
TITLE	DELETE 2.1 TO	TLF			Change	Addition '	
NAME	22 N	AME					
STREET ADDRESS	2.3 \$	REET	address (Į.	
CITY-ST-ZIP	2.40	1Y-S	1-ZiP				
TITLE	DELETE 3.1 TI	TLE			Change	Addition	
NAME	3.2 N	AME				1	
STREET ADDRESS	335	rrel i	ADDRESS				
CITY-ST-ZIP		ITY-S	T-ZIP			4	
TITLE	DELFTE 4.1 TI	4.1 TILLE		<i></i>	Change	Addition	
NAME	4. 2 N	AME			1 1	/	
STREET ADDRESS	435	REET.	ADDRESS		10/	$\rightarrow 1$	
CITY-ST-ZIP		TY-SI	- ZIP		10/0	<u> </u>	
TITLE	DELLITE 5.1 TO	TLE		/ L	Change	Addition	
NAME	5.2 N	AME	,				
STREET ADDRESS	538	rreet.	ADDRESS			ĺ	
CITY-ST-ZIP		TY- \$1	- ZIP				
TITLE	DELETE 6171	TLE	ļ		Change	☐ Addition ☐	
NAME	. 6.2 N	AME		4000025700 8	- ¥		
STREET ADDRESS	6.3 S	6.3 STREET AC		-06/23/98010920 92		ļ	
CITY-ST-ZIP		TY-SI		****1S0.00			
14. Thereby 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 eath; 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.							

Country

81 Name

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