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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham,

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #, P97000078977 (0)

M. & R. BUILDERS GROUP, INC.

Mailing Address Principal Place of Business 1859 WEST 39 PLACE 1659 WEST 39 PLACE HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0780752 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 92 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 25 29 Personal Property Tax due June 30. 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **RUIZ. ROLANDO** 1659 WEST 39 PLACE 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 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 State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typest or procest scene of respect red agreet and title Sappresable (NOTE: Registered Agreet signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ___ Addition DECETE TITLE 1.1 THE PRESIDENT NAME 1.2 NAME RUIZ, ROLANDO STREET ADDRESS 1.3 STREET ADDRESS 1659 WEST 39TH PL HIALEAH, FL 33012 1.4 City - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE SECRETARY 21 TITLE LINARES, MIGUAL NAME 2.2 NAME 39TH AVE.Miami, F1.33134 26 S. W. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TO UE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DECETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELL TE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 THEF 500002571475 6.2 NAME NAME -06/24/99--01099---007

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 I william indicated on this annual report or supplicmental agricultary 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 reverser or trusted employered 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 adjustment with an address.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

11.71/98

***150,00

FILED

Jun 23 1998 8:00am

Secretary of State