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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Jan 30 1998 8:00am Secretary of State

1. Corporation	MEN I	" F3/UC	JUUC	31638 (3	i }				
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IVIAC-I	CONSTR	OCTION CORP.							
Principal Place of Business				Mailing Address					
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1257 W 78 TERRACE HIALEAH FL 33014				1257 W 78 TERRACE HIALEAH FL 33014					
			•	TIPLETTI E OUOTT				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
B. Principal Place of Business								09/22/1997	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied Not Applied Not Applied	
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.				1 00 0 18 / 20 /	plicable
22			27	27				5. Certificate of Status Desired Fee Requir	
City & State			21	City & State					
23			28	28				6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe	
Zip		Country		Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangi.	
24		25	29		30			Personal Property Tax due June 30. Yes No	
	g, Name	and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Registered Agent	
C	ONSUEGRA	, MIGUEL A				81 Na	me		
1257 W 78 TERRACE				8			eet Addre	ess (P.O. Box Number is Not Acceptable)	
HI	ALEAH FL	33014		0.2					
				83					
		•				84 City	/	85 Zip Code	······································
Ad District to the provisions of Continue Contin					, <u>,</u>			FL	
office or r	no the provis registered ag	ions of Sections 607.05 jent, or both, in the Stati	02 and 60 e of Floric	07.1508, Florida Stati la. Such change was	ites, the at authorized	bove-nan	ned corpo corporatio	oration submits this statement for the purpose of changing its region's board of directors. I hereby accept the appointment as region	gistered stered
agent. I a	am familiar wi	ith, and accept the obliq	gations of	, Section 607 .0505, F	lorida Stati	utes.		,	
SIGNATURE									
		or printed name of repretared ac	and and title	if applicable (NC	TE: Posinteend	Amont plan	nt. 170 vanu den d	d when astronomical	
12.	Signature, typed	or printed name of registered ac OFFICERS AN				Agent sign	ature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
12.	D D	or printed name of registered ag OFFICERS AN			TE: Registered		ature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 Addition
	D	OFFICERS AN		TORS	13.	LE	ature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
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indicated on this annual report or supplemental officer or director of the corporation of the Accept Block 12 or Block 13 if changed, or the particular of the corporation of the Accept Block 12 or Block 13 if changed, or various report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: