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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000081638

1. Corporation Name

MAC-I CONSTRUCTION CORP.

		-								
Principal Place of Business Mailing Address						, , , , , , , , , , , , , , , , , , , ,				
1257 W 78 TERRACE 1257 W 78 TERRACE										
HIALEAH FL 33014 HIALEAH FL 33014										
							DO NOT WRITE IN THIS	SPACE		
						3. Date Inco 09/22/1	rporated or Qualifed			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numb		[Ap	olied For	
21		26				65-078	7281	Not	Applicable	
Suite, Apt.	#,_etc.	Suite, Apt. #, etc.			-	5 Certifcate	of Status Desired	\$8.75 A Fee Re		
City & State		City & State				6 Floation (Campaign Financing	\$5.00	May Po	
	8	→ •					d Contribution	Added to		
Zip	Country	28 Zip	Co	untry		_				
·	_ ′	— ·	29 30				8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24	9. Name and Address of Curren		30	т —			d Address of New Registered			
	9. Name and Address of Curren	r registered Agent		81	Name	TO, Hame Bri	<u> </u>			
CON	ISUEGRA, MIGUEL A			1.		•				
1257 W 78 TERRACE				82	Street	reet Address (P.O. Box Number is Not Acceptable)			ľ	
HIALEAH FL 33014										
HIALEAN PL 00014				83						
				84	City		85 Zip Code			
				•	0,		FL	• (**) '		
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida, Such change was tions of, Section 607.0505, F	authorize Iorida Sta	d by tutes	the corpo	tion's board of dire	his statement for the purpose of ctors. I hereby accept the appo	changing its intment as reg	registered gistered	
40	Signature, typed or printed name of registered agen	ID DIRECTORS	13.		ii signature i	red when reinstating)	S/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
12.	D OFFICERS AIV	DELETE			·	ADDITION	SIGNATURE TO OFFICE ROAD	Change	Addition	
TITLE	CONSUEGRA, MIGUEL A			1.1 TITLE 1.2 NAME						
NAME									l	
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP	HIALEAH FL 33014			1.4 CITY-ST-ZIP						
TITLE	☐ DELETE			2.1 πτLE				Change	☐ Addition	
NAME			2.21	AME						
STREET ADDRESS			2.3 9	TREET	TADORESS					
CITY-ST-ZIP	and the second s			2.4 CITY-ST-ZIP						
TITLE	☐ DELETE			3.1 TITLE				Change	Addition	
NAME			3.21	3.2 NAME						
STREET ADDRESS			3.3 5	3.3 STREET ADDRESS						
				3.4. CITY-ST-ZIP						
CITY-ST-ZIP	☐ DELETE			4.1 TITLE				Change	☐ Addition	
		<u> </u>		VAME				-		
NAME			- 1	4.2 NAME 4.3 STREET ADDRESS					j	
STREET ADDRESS				4.4 CITY-ST-ZIP						
CITY-ST-ZIP		□ DELETE		TY-S	I-ZIP			☐ Change	☐ Addition	
TITLE 1		r a Del Ede	= 517	> 1 I I				1 1 Ontainge	1 [(000000)]	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing/dires 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 and the properties of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental and the properties of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental and exemption 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 receipter of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental and exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental and exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental and exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental and exemption indicated on this annual report or supplemental and exemption indicated on this annual report or supplemental and exemption indicated on this annual report or supplemental annual repor

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90039 005 ***150.00