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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107573 (2)

M & R WOOD SHAVINGS INC.

Principal	Place	of	Businoss
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Mailing Address

FILED Apr 08 1998 8:00am Secretary of State



i ilicipai i lace	or Dusiness	maning riodross			i				
1577 N.W. 10 MIAMII FL 33		1577 N.W. 101 STREET MIAMII FL 33147							
MINMII FL 33	197	MIAMII PE 33147			DO NOT WRITE IN THIS:	SPACE			
					3. Date Incorporated or Qualified				
					12/23/1997		ŀ		
2. Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Number	Ai	oplied For		
21		26			65-0805431	N	ot Applicable		
Suite, Apt.	#, etc	Suite, Apt #, etc.					Additional		
22		27			5. Certificate of Status Desired		equired		
I Citv & State			•		6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution		to Fees		
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the cur	rent vear in	tangible		
24	25	29	30	Personal Property Tax due June 30.			□ No		
	9. Name and Address of Curre		1		10. Name and Address of New Registered	Agent			
A2	NTIAGO, AMILCAL		81	Name					
	77 N.W. 101 STREET								
MAMII FL 33147			B2	Street Address (P.O. Box Number is Not Acceptable)					
MV	WIII FL 33147		63						
]	•					
			84	City	Fi	85 Zip	Code		
				L		• <u> </u>			
11, Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida. Such chance was	ites, the abovi authorized b	e-named corp v the corpora	poration submits this statement for the purpose o ation's board of directors. I hereby accept the app	r changing i xointment as	ts registered registered		
agent I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	s.	, , , , , , , , , , , , , , , , , , , ,				
SIGNATURE									
	Signature, typed or printed name of registered ag			ent signature requ	pired when reinstating) DATE				
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition		
TITLE	PD	☐ DELETE	1.1 TITLE			□ Change			
NAME	SANTIAGO, AMILCAL		1.2 NAME						
STREET ADDRESS	1577 N.W. 101 STREET		1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33147		1.4 CiTY-5	ST-21P					
TITLE	VD	☐ DELETE	2.1 TITLE	i		Change	Addition		
NAME	Santiago, Ramon		2.2 NAME						
STREET ADDRESS	1577 N.W. 101 STREET		2.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33147		2. 4 CITY-	ST - ZIP					
TITLE	STD	DELETE	3.1 TITLE			Change	Addition		
NAME	SANTIAGO, INEZ		3.2 NAME						
STREET ADDRESS	1577 N.W. 101 STREET		3.3 STREET	I ADDRESS					
CITY-ST-ZIP	MIAMI FL 33147		3.4. CITY-	1			ļ		
TITLE	WWWIII I E OO 171	DELETE	4.1 TITLE	01-51		Change	Addition		
			4. 2 NAME						
NAME				l			j		
STREET ADDRESS				T ADDRESS			1		
CITY-ST-ZIP		TT DELETE	4.4 CITY- \$	SI-ZIP		Change	Addition		
TITLE		☐ DELETE	5.1 TITLE				L_J ASDIGOT		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	F ADORESS			ļ		
CITY®ST-ZIP			5.4 CITY - \$	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change	Addition		
NAME			6.2 NAME	1			-		
STREET ADDRESS			6.3 STREET	T ADDRESS					
CITY-ST-ZIP			6.4 CITY-						
0111-01-51			B 0,7 0(1)						

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 oath; 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.

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