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 # P97000107573

1. Corporation Name: M& R WOOD SHAVINGS INC.

Principal Place of Business / Mailing Address

13701 S. W. 18 Court
Davie, Florida 33325

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 13701 S. W. 18 Ct.
Suite, Apt. #, etc.
22
City & State
23 Davie, Fla.
Zip
24 33325
Country
25 USA

2a. Mailing Address
26 same
Suite, Apt. #, etc.
27 same
City & State
28 same
Zip
29 same
Country
30

3. Date Incorporated or Qualified: 12/23/97

4. FEI Number: 65-0805431 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

SANTIAGO, Amilcal
13701 S. W 18 Ct.
Davie, Fla. 33325

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	SANTIAGO, Amilcal	
STREET ADDRESS	13701 S W 18 Ct.	
CITY-ST-ZIP	Davie, Fla. 33325	
TITLE	VD	[ ] DELETE
NAME	SANTIAGO, Ramon	
STREET ADDRESS	13701 S. W. 18 Ct.	
CITY-ST-ZIP	Davie, Fla. 33325	
TITLE	STD	[ ] DELETE
NAME	SANTIAGO, Inez	
STREET ADDRESS	13701 S.W 18 Ct.	
CITY-ST-ZIP	Davie, Fla. 33325	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

000002765330--8
-02/09/99--01046--031
****150.00 ****150.00

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.1622, Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and accurate and that my signature shall constitute an affirmation under the penalties prescribed in Section 817.155, Florida Statutes, that I am a director or officer 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 attached sheet, with all other like empowered.

SIGNATURE: Amilcal Santiago 1/ 27/ 1999 (305) 563-0211
NAME OF AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TCB 2/4/99