

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000037075

1. Corporation Name  
BLOCK MASONRY, INC.

Principal Place of Business  
12401 W OKECHOBEE RD LOT 213  
HIALEAH GARDENS FL 33018 → NONE

Mailing Address  
12401 W OKECHOBEE RD LOT 213  
HIALEAH GARDENS FL 33018 → NONE

FILED

99 OCT 18 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1998	
4. FEI Number 65-0841608	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 26810 SW 144 Ave Suite, Apt. #, etc. 22 City & State 23 Homestead 24 Zip 25 FL 33032	2a. Mailing Address 26 The same 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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9. Name and Address of Current Registered Agent MONTALVAN, CARLOS 12401 W OKECHOBEE RD LOT 213 HIALEAH GARDENS FL 33018	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 607.0503, Florida Statutes.

SIGNATURE Carlos Montalvan 09/10/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTALVAN, CARLOS 12401 W OKECHOBEE RD LOT 213 HIALEAH GARDENS FL 33018 [X] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTALVAN CARLOS 26810 SW 144 Ave Homestead, FL 33032-7563 [ ] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Block MASONRY, INC. 26810 SW 144 Ave Homestead, FL 33032-7563 [X] Change [ ] Addition address
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

14. I hereby 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.

SIGNATURE: Carlos Montalvan 09/10/99 (305) 972-5460  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

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10/13/99 10:32:29 AM.

To whom may concern:

I **Carlos Montalvan** President of **BLOCK MASONRY, INC.** I have serious problems with my mail because of this. I'm resquesting your consideration to pay my report even though I'm late . I'm sending here my payment and change of address.

**OLD ADDRESS:**

12401 W OKECHOBEE RD LOT 213  
HIALEAH GARDENS FL 33018.

**NEW ADDRESS:**

26810 SW 144 AVE  
HOMESTEAD FL 33032-7563