

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.

FILED

99 OCT 18 AM 9:35

SECRETARY OF STATE  
 TALLAHASSEE



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		5. Date Incorporated or Qualified	
21	26810 SW 144 Ave	26	The same	04/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0841608	
City & State		City & State		5. Certificate of Status Desired	
Homestead				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	
FL		33032		<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MONTALVAN, CARLOS 12401 W OKECHOBEE RD LOT 213 HIALEAH GARDENS FL 33018				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 607.0503, Florida Statutes.  
 SIGNATURE: Carlos Montalvan *Signature* DATE: 09/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<del>Block Masonry, Inc.</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALAO, CARLOS	1.2 NAME	adcs
STREET ADDRESS	12401 W OKECHOBEE RD LOT 213	1.3 STREET ADDRESS	26810 SW 144 AVE
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	1.4 CITY-ST-ZIP	Homestead, FL 33022-2563
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALVAN CARLOS	2.2 NAME	
STREET ADDRESS	26810 SW 144 Ave	2.3 STREET ADDRESS	900003026169--8
CITY-ST-ZIP	Homestead, FL 33032-7563	2.4 CITY-ST-ZIP	-10/27/99--01051--014
TITLE		3.1 TITLE	***150.00 <del>150.00</del>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 *Signature* DATE: 09/10/99 (305) 972-5460  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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 requesting 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