FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S20030** **(0)**

1. Corporate Name
RODRIGUEZ & BORDELEAU ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1904 WEST VINE STREET KISSIMMEE FL 34741	1904 WEST VINE STREET KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1990**
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

ZIP (24) | County (25) | ZIP (29) | County (30)

4. FEI Number: **59-3039036** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SWART, H.J.
~~**921 NORTH MAIN STREET**~~
~~**SUITE 203**~~
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 717 E. Oak Street

83

84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0501 and/or 1608, 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

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY
~~PSTD~~ BORDELEAU, JUANA R. 1109 MAIRI COURT KISSIMMEE FL	VP/D ☒ Change ☐ Addition
	P/D Adriano Rodriguez 1904 West Vine Street Kissimmee, FL 34741 ☐ Change ☒ Addition
	S/T/D Juana H. de Rodriguez 1904 West Vine Street Kissimmee, FL 34741 ☐ Change ☒ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I DO hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an address.

SIGNATURE: Eduardo de Rodriguez 3-14-95 407-846-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0374080 CP

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Sandra B. Mortham
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S20655 (4)

1. Corporate Name
MACHINE TOOL CONSULTANTS, INC.

Principal Place of Business
635 CHOCKTAW
LAKE MARY FL 32746
US

Mailing Address
635 SHOCKTAW
LAKE MARY FL 32746
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1990
3a. Date of Last Report: 03/17/1994
4. FEI Number: 65-0237870 — 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 104 SW BAY LAne
22 Suite, Apt. #, etc.
23 City & State: LonGWArD, FL
24 Zip: 32779 25 Country: U.S.

2a. Mailing Address
26 104 SW BAY LAne
27 Suite, Apt. #, etc.
28 City & State: LonGWArD
29 Zip: 32779 30 Country: U.S.

9. Name and Address of Current Registered Agent
MCGAFFIN, JAMES R.
11440 SW 94 AVE
MIAMI FL 33176

10. Name and Address of New Registered Agent
81 Name: JAmes R. McGAFFin
82 Street Address (P.O. Box Number is Not Acceptable): 104 SW BAY LAne
83
84 City: LonGWADD FL 85 Zip Code: 32779

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 James R McGaffin [signature] 5/15/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCGAFFIN, JAMES R.
STREET ADDRESS	635 CHOCTAW
CITY-ST-ZIP	LAKE MARY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE	D
NAME	JAmes R. McGAFFin
STREET ADDRESS	104 SW BAY LAne
CITY-ST-ZIP	LonGWArD, FL 32779

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] James R. McGaffin 5/15/95 407-833-7415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0414035 FP