

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S58670 (8)

1. Corporation Name

J.M.D. CONTRACTORS, INC.



Principal Place of Business

13361 S W 23RD ST
MIAMI FL 33175

Mailing Address

13361 S W 23RD ST
MIAMI FL 33175

2. Principal Place of Business

2a. Mailing Address

21 2450 S.W 137 AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 202

27

City & State

City & State

23 MIAMI, FL

28

Zip

Country

Zip

Country

24 33175

25 Dade

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/11/1991

3a. Date of Last Report

09/14/1995

4. FET Number

65-0266487

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

10. Name and Address of New Registered Agent

HERNANDEZ, JUAN C
13361 S W 23RD STREET
MIAMI FL 33175

#1 Name

#2 Street Address (P.O. Box Number is Not Acceptable)

#3

#4 City

FL

#5 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

Signature, typed or printed name of registered agent or director, agent

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HERNANDEZ, JUAN C
STREET ADDRESS 13361 S W 23RD ST
CITY- ST- ZIP MIAMI FL

DELETE

TITLE V
NAME BONFILL, JUAN J
STREET ADDRESS 8160 S.W. 8 ST.
CITY- ST- ZIP MIAMI FL 33144

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

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

Change Addition

2.1 TITLE V.P.
2.2 NAME DANCE POZO
2.3 STREET ADDRESS 34400 SW 212 AVE.
2.4 CITY- ST- ZIP HIALESTAD, FL 33034

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 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(3)(k), 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, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Date Phone #

4/30/96

(305) 563 2728

CR2E034 (12/95)