FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # \$58670 1. Corporation Name J.M.D. CONTRACTORS, INC. Principal Place of Business 2450 SW 137 AVE 202 MIAMI FL 33175 MIAMI FL 33175									
US					Ì	3. Date Incorporated or Qualified 06/11/1991		te of Last F 29/1996	Report
2. Principal	Place of Business	2a, Mailing Address		· · · · · · · · ·		4. FEI Number 65-0266487		☐A	opplied For lot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & St.	alo	City & State		:		Election Campaign Financing Trust Fund Contribution			May Be
7(p)	Country 25	Zip 29	Country 30	/		8. This corporation has liability for	intangible Yes		s. 199.032,
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered /	Agent	
	ERNANDEZ, JUAN C		61	Name	ı	•			
	13361 S W 23RD STREET			Street	Addres	s (P.O. Box Number is Not Acceptate	ole)	···	
Mi	MIAMI FL 33175								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			83						
			84	City				85 Zip	Code
			("	(ation submits this statement for the p	FL		
SIGNATURE 10.1	Segral (in and or printed frame of registered OPFICERS P	d agent and title If applicable. (K AND DIRECTORS DELETE	IOTE Registered Ag 13.	eni signalur	e required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DAYE CERS AND	DIRECTO Change	RS IN 12
name Street adoress			1.2 NAME 1.3 STREE	F ADDRESS					
CHTY - ST - 7/P	MIAMI FL		1.4 CITY-1	ST-ZIP	<u> </u>				
THLE NAME	POZO, DANCE	DELETE	2.1 TITLE 22 NAME		V.P	n Hernandez. C		Change	Addition
STREET ADDRESS			23 STREE	t address	133	11 50x 23 50g.			
CHY-ST ZIP	HOMESTEAD FL 83004		2. 4 CITY-	ST-ZIP	M	rapp pr			
Thirt		☐ DELETE	3 1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS	S			T ADORESS					
CITY-51-712 Title			3.4. CITY-ST-ZIP				Change	Addition	
NAME		☐ DELETE	4. 2 NAME		1	•		C. C. William	
STREET ADERES:	6		4	T AODRESS	1				
CITY - \$1 - ZIP	·				1				
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NAME			5.2 NAME		İ				
STREET ADDRESS	s		- 1	T ADDRESS]				
CHY-S*-ZIP	~		5.4 CITY-		1				
TOTLE		DELETE	6.1 TITLE		 			Change	Addition
NAME			6.2 NAME						
STREET ADDRESS	s			t addaess					
CITY-ST-ZiF			6.4 CITY -		1				
	roby coulify that the information sup-	plied with this filing does not ou			stated in	Section 119.07(3)(i), Florida Statute	as I further	certify tha	t the

14. I do 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 florid 1997, changed, or on an attachment with an address.

SIGNATURE

D NAME OF BIGNING OFFICER OR DIRECTOR

4/30/93

553 -2723 Daytime Phone *

1037880