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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90034 036 ***150.00

DOCUMENT # 646208

1. Corporation Name

GONZALEZ PAVEMENT EQUIPMENTS, INC.

Principal Place of Business

**9804 NW 80 AVE
HIALEAH GARDENS FL 33016**

Mailing Address

**9804 NW 80 AVE
HIALEAH GARDENS FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1979

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, EVELIO
1060 W. 30TH STREET
HIALEAH FL 33012**

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
GONZALEZ, EVELIO
STREET ADDRESS
1060 W. 30TH ST.
CITY-ST-ZIP
HIALEAH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
GONZALEZ, NICASIA
STREET ADDRESS
1060 W. 30TH ST.
CITY-ST-ZIP
HIALEAH FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
REYES, CARIDAD X
STREET ADDRESS
1033 W 30 ST
CITY-ST-ZIP
HIALEAH FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
REYES, ANTONIO
STREET ADDRESS
7215 MIAMI LAKES DR A-9
CITY-ST-ZIP
MIAMI LAKES FL 33014

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)