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Feb 20, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000031308

1. Corporation Name
OCEAN PILE & PRESTRESS, INC.

Principal Place of Business: 3221 W. HALLANDALE BEACH BLVD. PEMBROKE PARK FL 33023
Mailing Address: 3221 W. HALLANDALE BEACH BLVD. PEMBROKE PARK FL 33023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2a. Mailing Address
26. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
28. City & State
29. City & State
30. Zip Country

3. Date Incorporated or Qualified: 04/25/1994
4. FEI Number: 65-0484474
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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
ROYO, JAMES A.
1316 NW 127TH DRIVE
SUNRISE FL 33323

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
D MCGEE, JOHN R
3221 W. HALLANDALE BEACH BLVD. PEMBROKE PARK FL 33023
D REED, BARRY S
3221 W. HALLANDALE BEACH BLVD. PEMBROKE PARK FL 33023
D ROYO, JAMES A
3221 W. HALLANDALE BEACH BLVD. PEMBROKE PARK FL 33023
D BETANCOURT, MICHAEL
3221 W. HALLANDALE BEACH BLVD PEMBROKE PINES FL 33023

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: James A. Royo JAMES A. ROYO 1-11-99 954-985-0460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)