SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:34

DOCUMENT # V26217 (2)

1. Corporation Name

ARTISTIC CONCRETE OF FLORIDA INC.

Principal Place of Business	Mailing Address
9185 NW 96TH STREET MEDLEY FL 33178	9185 NW 96TH STREET MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/03/1992	08/05/1994

4. FEI Number: 65-0410888 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.... Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8720 NW 93 ST	26 7921 N.W. South River Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Box 107
City & State 23 MEDLEY, FLORIDA	City & State 28 MEDLEY, FLORIDA
Zip 24 33166 Country 25 U.S.A	Zip 29 33166 Country 30

9. Name and Address of Current Registered Agent

RODRIGUEZ, RAUL
6240 S.W. 79 CT.
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 (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] 6/20/95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RODRIGUEZ, RAUL
STREET ADDRESS	6240 S.W. 79 CT.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO 12.	☐ Change ☐ Addition
1 TITLE	PRESIDENT
1 NAME	ALFONSO, JOSE NOEL
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	VICE PRESIDENT, TREASURER
2 NAME	ALTUVE NORYS, JR
2 STREET ADDRESS	11861 SW 35 TR
2 CITY-ST-ZIP	MIAMI, FLORIDA 33175
3 TITLE	SECRETARY
3 NAME	RODRIGUEZ, RAUL
3 STREET ADDRESS	6240 SW 79 ST
3 CITY-ST-ZIP	MIAMI, FLORIDA 33143
4 TITLE	
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

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)(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] 6/20/95 (305) 551-8094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (3/95)

0052363 CP