

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 162424 (6)

1. Corporation Name

CONCREFORM CO.



Principal Place of Business

Mailing Address

C/O EDWARD A ASTOR  
2681 NE 191ST STREET  
MIAMI FL 33180

C/O EDWARD A ASTOR  
2681 NE 191ST STREET  
MIAMI FL 33180

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASTOR, EDWARD A  
2681 NE 191ST ST  
MIAMI FL 33180

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 on 1 block of application

(NOTE: Registered Agent signature required when furnishing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ASTOR, EDWARD A  
STREET ADDRESS 2681 NE 191ST ST  
CITY - ST - ZIP MIAMI, FL 00000

TITLE TS  
NAME ASTOR, MARY J  
STREET ADDRESS 2681 NE 191ST ST  
CITY - ST - ZIP MIAMI, FL 00000

TITLE V  
NAME MADER, RALPH C.  
STREET ADDRESS 2681 NE 191ST ST.  
CITY - ST - ZIP MIAMI FL

TITLE EV  
NAME ASTOR, EDWARD A. (JR.)  
STREET ADDRESS 2681 NE 191ST ST  
CITY - ST - ZIP MIAMI FL

TITLE V  
NAME KELLY, H. THOMAS  
STREET ADDRESS 2681 NE 191ST ST  
CITY - ST - ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD A. ASTOR

PRESIDENT

02/22/96

Day

(305) 931-1801

Daytime Phone #

CR2E034 (12/95)