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

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #** 

350372

(9)

PRE-CAST ERECTORS INC

Principal Place of Business	Mailing Address		
5600 NW 72ND AVE MIAMI FL 33166	5600 NW 72ND AVE MIAMI FL 33166		



3a. Date of Last Report

04/21/1995

3. Date Incorporated or Qualified

08/05/1969

120A	N.E. 48 STREET	1 1 2 0 0 1 1 13	40 00		4. PET NUMBER		Applied For	
Suite, Apt.		<sub>26</sub> 1380 N.E.	48 57	PREET	59-1393069		Not Applicable	
22		Suite, Apt #, etc.			5. Certificate of Status Desired	1 1	.75 Additional ee Required	
J. 1	ANO BEACH, FL	POMPANO BI	· · · · · ·		Election Campaign Financing     Trust Fund Contribution	1 1	.00 May Be	
2φ 24 33064	Country 25 U.S.A.	Zip 33064	Count		8. This corporation has liability fo		rs 199.032,	
24 33064   25   U.S.A.   29 33064   30   U				U.S.A. Florida Statutes ☐ Yes ☐ No				
					10. Name and Address of New Registered Agent			
CIANELLI, ALFRED A JR. 5600 NW 72ND AVE			L	82 Street Address (P.O. Box Number is Not Acceptable)				
	TL 33166		8:		N.E. 48 STREET	<del></del>		
MINAMI F	L 33 100		["	1				
11 Duren and the	o transportation of Carting CO2 OF CO		84	POMPA	NO BEACH	FL B5	Zip Code 3 3 0 6 4	
	o trie provisions of Sections 607.0502 ed agent, or both, in the State of Florid h. and accept the obligations of, Sectic		s, the above d by the con	named corpora poration's boar	ation submits this statement for the pa d of directors. I hereby accept the ap	urpose of changing i pointment as registe	ts registered office red agent. I am	
SIGNATURE	Sign time, typica or privide came of registrated eject a		: Registered Ace	ant signature required	wher einstalion	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF		TORS IN 12	
TITLE	SD	☐ DELFTE	1. 1 TITLE			☐ Chang		
NAM	CIANELLI, FRANCES A.		1.2 NAME	1		<b>—</b>	,	
STREET ADDRESS	519 LAYNE BLVD		1.3 STREE	1 ADDRESS				
CITY-ST 7P	HALLANDALE FL		1.4 CiTY -					
THEF	PTD	DELETE	2 1 TITLE			Chang	ge	
NAM:	CIANELLI,ALFRED A		2.2 NAME			<b>_</b>	,	
STREET ADDRESS	519 LAYNE BLVD		23 STREE	T ADDRESS				
City-\$1-Zii:	HALLANDALE FL		24 CITY-	ST-ZIP		•		
JHTE		DELETE	3 1 TITLE			Chang	ge 🔲 Addition	
NAME			3 2 NAME				,- 🚨	
STREET ADDRESS			33 STREE	T ADDRESS				
City S -7P			3 4 CITY-	ST - ZIP				
THE		DELETE	4. 1 TillE			☐ Chano	ge Addition	
NAME			4.2 NAME				. 🗀 :	
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY -	ST-ZIP				
TAFLE		DELETE	5 1 TITLE			Chang	e [] Addition	
NAME			5.2 NAME				<b>-</b>	
STEEL AUDRESS			5 3 STREE	T ADDRESS				
CITY ST ZIP			5 4 CITY-1				i	
TI'LE		DELETE	6 1 TITLE			Chang	e Addition	
NAME			6.2 NAME					
SPREET ADDRESS				ADDRESS .				
CHY-SI-ZIP		•	6.4 CiTy - 1					
	certify that the information engolish wi	6 19 <b>23</b> and 18 Table 1 at 1 1 7 Table	040111-1	DI-ZIF				

ing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trust report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated on this annual oath; that I am an officer or lirector of the corpora appears in Block 12 or thous 13 if changed,

**SIGNATURI** 

ALFRED A.CIANELLI, JR. 03/01/96