## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

CITY-ST-ZIP

STREET ADDRESS

NAME

382100

(6)

CAND	D CONCRETE PROD	OUCTS, INC.			 	NATU ANAM ARAM ANAM ANAM ANAM ARAM
Principal Plac	e of Business	Mailing Address				,
4501 EAST 11 AVE. 4501 EAST 11 AVE. HIALEAH FL 33013 HIALEAH FL 33013					20 1107 1110/75 111	7110.001.05
					DO NOT WRITE IN  3. Date Incorporated or Qualified	THIS SPACE
					05/14/1971	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1353914	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	——————————————————————————————————————		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		<del>-</del> <u>-</u>		Fee Required
23		<b>⊢</b> '	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Count	ry	This corporation owes or has paid to	
24			30	•	Personal Property Tax due June 30	
	g. Name and Address o	of Current Registered Agent			10. Name and Address of New Regis	tered Agent
	BECA ROLDAN		8.	Name		· · · · · · · · · · · · · · · · · · ·
	3 East 4th Street		82	2 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
į. HI	ALEAH FL 33010					
			8	3		
			84	1 City		FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections egistered agent, or both, in I m familiar with, and accept to Signature, typed or printed name of rej				poration submits this statement for the purp tion's board of directors. I hereby accept the red when reinstating)	pose of changing its registered the appointment as registered
12.			13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	ROLDAN, REBECA		1.2 NAME			
STREET ADDRESS 383 EAST 4TH STREET		ET	1.3 STREE	T ADDRESS		
CITY-ST-ZIP HIALEAH FL		DELETE	1.4 CITY-	ST-ZIP		
TITLE NAME			2.1 TITLE			Change Addition
STREET ADDRESS			2.2 NAME	T ADDRESS		
_CITY-SI*Z#P			2.3 STREE			
		☐ DELETE	3.1 TITLE	- 31 - ZIF		Change Addition
NAME	ME :		3.2 NAME			
STREET ADDRESS	T ADDRESS 3		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	ST-ZIP3		3.4. CITY-	ST-ZIP		
TITLE			4.1 THTLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME OTREET ADDRESS			5.2 NAME	* +000000		

6.4 CHTY - 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.

Rebech Quintant

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

62 NAME

☐ DELETE

☐ Change ☐ Addition

**FILED** 

Jan 27 1998 8:00am

Secretary of State