FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 13 AM 10:30

DOCUMENT # 682915 (4)

1. Corporation Name
POMPANO MASONRY CORPORATION

Principal Place of Business	Mailing Address
880 SO. ANDREWS AVENUE POMPANO BCH FL 33069	880 SO. ANDREWS AVENUE POMPANO BCH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1980
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2277757 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANASTASI, VERONICA N.
880 SO. ANDREWS AVENUE
POMPANO BEACH, FL 33069

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mail/delivery

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SV	1.1 TITLE	☐ Change ☐ Addition
NAME	BARREDO, RODOLFO	1.2 NAME	
STREET ADDRESS	880 SO. ANDREWS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	
TITLE	DPST	2.1 TITLE	☐ Change ☐ Addition
NAME	ANASTASI, VERONICA	2.2 NAME	
STREET ADDRESS	880 SO. ANDREWS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	HILFERTY, MARGARET	3.2 NAME	
STREET ADDRESS	880 SO. ANDREWS AVENUE	3.3. STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ANASTASI, CONCETTA	4.2 NAME	
STREET ADDRESS	880 SO. ANDREWS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	4.4 CITY-ST-ZIP	
TITLE	EV	5.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, WILLIAM J.	5.2 NAME	
STREET ADDRESS	880 SOUTH ANDREWS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: V. Anastasi VERONICA N. ANASTASI, PRESIDENT 2/3/95 305-946-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0112100 CP