SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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 13 PM 8:16

DOCUMENT # **688538** **(8)**

1. Corporation Name
COMMUNITY ASPHALT CORP.

Principal Place of Business	Mailing Address
10011 PINES BLVD STE 209 PEMBROKE PINES FL 33024	10011 PINES BLVD STE 209 PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1980
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 14005 NW 186 St	26 14005 NW 186 St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hialeah, FL	City & State 28 Hialeah, FL
Zip / Country 24 33015 / 25	Zip / Country 29 33015 / 30

4. FEI Number: 59-2023298 ☐ 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	10. Name and Address of New Registered Agent
DALE, CHARLES S. JR. 414 NE 4TH STREET FT. LAUDERDLAE FL 33309	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, JOSE	12 NAME	
STREET ADDRESS	7577 SW 81ST AVE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GARFFER, MICHAEL	22 NAME	
STREET ADDRESS	6721 SW 76TH TERR	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	DALE, CHARLES S. JR.	32 NAME	
STREET ADDRESS	701 W. CYPRESS CREEK RD.	33 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	IGNACIO, HALLEY	42 NAME	
STREET ADDRESS	3501 SW 139TH AVE	43 STREET ADDRESS	
CITY ST ZIP	MIRAMAR FL	44 CITY ST ZIP	
TITLE	STD	51 TITLE	☐ Change ☐ Addition
NAME	RIOS, GEORGE E	52 NAME	
STREET ADDRESS	609 PUERTA AVE	53 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	54 CITY ST ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	FRANZESE, NICHOLAS	62 NAME	
STREET ADDRESS	5288 S.W. 92ND TERR.	63 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	64 CITY ST ZIP	

CR2E034 (3/95)

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: George E. Rios, Sec/Treas 6/6/95 305-829-0700
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024554 CP