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**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 688538 (8)
1. Corporation Name:
COMMUNITY ASPHALT CORP.



Principal Place of Business: **14005 NW 186 ST HIALEAH FL 33015 US**
Mailing Address: **14005 NW 186 ST HIALEAH FL 33018-6451 US**

3. Date Incorporated or Qualified: **09/22/1980**
3a. Date of Last Report: **01/25/1996**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **33018** Country: **25**

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:
**DALE, CHARLES S. JR.
414 NE 4TH STREET
FT. LAUDERDALE FL 33309**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	FERNANDEZ, JOSE <input type="checkbox"/> DELETE	1.1 TITLE: AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: FERNANDEZ, JOSE		1.2 NAME: Herrera, Susana
STREET ADDRESS: 7577 SW 81ST AVE		1.3 STREET ADDRESS: 7971 N.W. 188 Lane
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP: Hialeah, FL 33015
TITLE: V	GARFFER, MICHAEL <input type="checkbox"/> DELETE	2.1 TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GARFFER, MICHAEL		2.2 NAME: Garffer Michael
STREET ADDRESS: 6721 SW 76TH TERR		2.3 STREET ADDRESS: 6721 SW 76 Terr
CITY-ST-ZIP: MIAMI FL		2.4 CITY-ST-ZIP: Miami, FL 33143
TITLE: AS	DALE, CHARLES S. JR. <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DALE, CHARLES S. JR.		3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 701 W. CYPRESS CREEK RD.		3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: FT. LAUDERDALE FL		3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	IGNACIO, HALLEY <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: IGNACIO, HALLEY		4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3501 SW 139TH AVE		4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: MIRAMAR FL		4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD	RIOS, GEORGE E <input type="checkbox"/> DELETE	5.1 TITLE: ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RIOS, GEORGE E		5.2 NAME: Rios, George E.
STREET ADDRESS: 609 PUERTA AVE		5.3 STREET ADDRESS: 1251 S. Alhambra Cir.
CITY-ST-ZIP: CORAL GABLES FL		5.4 CITY-ST-ZIP: Coral Gables, FL 33146
TITLE: AS	FRANZESE, NICHOLAS <input checked="" type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRANZESE, NICHOLAS		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5288 S.W. 92ND TERR.		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: COOPER CITY FL		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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, on an attachment with an address.

SIGNATURE: _____ DATE: **1/9/97** DAYTIME PHONE: **305-829-0700**

CR2E034 (9/96)