

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **688538** (8)
1. Corporation Name
COMMUNITY ASPHALT CORP.



Principal Place of Business
**14005 NW 186 ST
HIALEAH FL 33018
US**

Mailing Address
**14005 NW 186 ST
HIALEAH FL 33018
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2023298	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. LAUDERDALE 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA, SUSANA	1.2 NAME	
STREET ADDRESS	7971 N.W. 188 LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARFFER, MICHAEL	2.2 NAME	V
STREET ADDRESS	6721 SW 76TH TERR	2.3 STREET ADDRESS	Garffer, Michael
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	6721 S W 76th Terrace
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE, CHARLES S. JR.	3.2 NAME	
STREET ADDRESS	701 W. CYPRESS CREEK RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGNACIO, HALLEY	4.2 NAME	
STREET ADDRESS	3501 SW 139TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	4.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOS, GEORGE E	5.2 NAME	STD
STREET ADDRESS	1251 S. ALHAMBRA CIR.	5.3 STREET ADDRESS	Rios, George E.
CITY - ST - ZIP	CORAL GABLES FL	5.4 CITY - ST - ZIP	1251 S. Alhambra Circle
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	PD
STREET ADDRESS		6.3 STREET ADDRESS	Fernandez, Jose L.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	820 San Pedro
			Coral Gables, Florida 33156

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.

SIGNATURE:

3/25/98

(305) 829-0700

CR2E034 (10/97)