	ATION	, ,	•	EPARTMEN	_	SIAIE			FILED	
CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State								07	7.00	
199	997 DIVISION OF CORPORATIONS					NS	97 JUL 17 AM 10: 29			
OCUMEN			855	204				Store		10:29
Corporation Na			000	001				Mildel	(i) (j. 5	STATE.
, , , , , , , , , , , , , , , , , , ,	4	•						and Nell	687 (g. 8 887, 11.	Blos
ACTE CEME	NT CORPORAT	MOT	INC.							. HEN
rincipal Place of		1011,	Mailing Addres	8	•		PETOTO -	-		_
UNBELT CEMI	ENT MANAGEMEN	NT C/O	SUNBELT CEN	IENT MAI	NAGEN	IENT, INC.	REMSTA	TFMC	NT 4	Arn m
SUNBELT CEMENT MANAGEMENT C/O SUNBELT CEMENT MANAGEMENT, II 511 WOODWAY 600 TRAVIS, STE 2300										1000
HOUSTON, TX 77056 HOUSTON, TX 77002							3. Date Incorporated		Date of La	51 Troped
. Principal Place	a of Rusiness	 	2a. Mailing Ar	dress			12/14/82 4. FEI Number		01/95	1
	A MANAGEMENT,	INC.	26 C/O CEME		NAGE	MENT, INC.	52-1279101		ŀ	Applied For
Suite, Apt. ◆,			Suite, Apt						\$	Not Applica 8.75 Additiona
2 ONE RIV	ERWAY, STE.	2200			, st	E. 2200	5. Certificate of Status	Desired		Fee Required
City & State			City & Sta				6. Election Campaign	Financing		55.00 May Be
3 HOUSTON,			28 HOUSTO	N, TX	Carra		Trust Fund Contribu			Added to Fees
Zip 4 7705€	Country 25		29 77056	30	Countr	7	B. This corporation ha	a liability for inta X Yes	ngible tax ∟ No	inder s 199.03
	izbj ne and Address of	Current	ł		-		10. Name and Addre		نلـــ	nt
- 1 1 T				· · ·	B1	Name				
										
					B2	Street Addr	ess (P.O. Box Number i	s Not Acceptable)		
יש הטטטטטי	MION GUENN	.r			B3					
	ATION SYSTEM NE L SLAN D F									
LANTATION		100 640			84	City				5 Zip Code
	/					1			FL	
	<u> </u>									
1. Pursuant to the	provisions of Section	s 807.05	02 and 607.1508,	Florida Stat	lutes, the	above-named	corporation submits this st	atement for the pur	pose of chang	ging its registered
office or registe agent. I am fan	provisions of Section ered agent, or both, in nillar with, and accept	the State	02 and 607.1508, of Florida. Such ch tions of, Section 6	Florida Stat ange was a 07.0505, Fi	tutes, the uthorized lorida St	above named by the corpor stutesPETER	corporation submits this st ation's board of directors. H	atement for the pur hereby accept the a	pose of chang ppointment a	ging its registered as registered -/50
office or registe agent. I am fan IG NATURE	ered agent, or both, in niliar with, and accept	the State	of Florida. Such ch tions of, Section 6	ange was a 07.0505, F	uthorized Iorida Stu	t by the corpor	ation's board of directors. II R.F. SOUZA	hereby accept the a	ppointment a	registered
office or registe agent. I am fan IG NATURE Sig	ered agent, or both in niliar with, and accept gnature, typed or prin	the State the Bliga ited name	of Florida Such ch tions of, Section 8 of registered agen	ange was a 07.0505, F	uthorized Iorida Stu	t by the corpor	ation's board of directors. II R. F. SOUZA MTSCORTAN E. Hegistered Agent signate	hereby accept the a are required when	ppointment a	Segistered (/57) DATE
office or registe agent. I am fan SIG NATURE Sig 2.	ered agent, or both in niliar with, and accept gnature, typed or prin	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi and title ii	uthorized lorida Stu l'applica	t by the corpor	ation's board of directors. II R.F. SOUZA	hereby accept the a are required when	ppointment a 7/15 reinstating) S AND DIR	DATE ECTORS IN 12
office or registe agent. I am fam sig NATURE Sig 2. ITLE	ered agent, or both in nillar with, and accept gnature, typed or prin OF	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi and title ii	uthorized Iorida Stu	to by the corporature PETER Die. ASSISTA 13. 1.1 TITLE 1.2 NAME	ation's board of directors III R.F. SOUZA P. Registered Agent signate ADDITIONS/CHANGE	hereby accept the a are required when	ppointment a	DATE ECTORS IN 12
office or registre agent. I am fam fam fam fam fam fam fam fam fam	ered agent, or both in nillar with, and accept gnature, typed or prin OF	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi and title ii	uthorized lorida Stu l'applica	t by the corporature PETER ASSISTANCE 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ation's board of directors R. F. SOUZA	hereby accept the a are required when	ppointment a 7/15 reinstating) S AND DIR	DATE ECTORS IN 12
office or register agent. I am fam sig NATURE 2. TILE IAME TREET ADDRESS ITY - ST - ZIP ITLE	ered agent, or both in nillar with, and accept gnature, typed or prin OF	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fo t and title ii	uthorized lorida Stu l'applica	to by the corporature PETER Die. ASSISTA 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE	ation's board of directors R. F. SOUZA	are required when S TO OFFICER	ppointment s //// reinstating) S AND DIR Cha	DATE ECTORS IN 12 inge Additi
office or register agent. I am fam sig NATURE 2. TILE IAME TREET ADDRESS ITY - ST - ZIP ITLE IAME	ered agent, or both in nillar with, and accept gnature, typed or prin OFI SEE ATTACHI	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fo t and title ii	uthorized lorida Stu l'applica LETE	ble. ASSISTANCE 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ation's board of directors R. F. SOUZA	are required when S TO OFFICER	ppointment s //// reinstating) S AND DIR Cha	DATE ECTORS IN 12 inge Additi
office or register agent. I am fam sig NATURE 2. ITLE IAME TREET ADDRESS ITY - ST - ZIP ITLE IAME TREET ADDRESS ITY - ST - ZIP ITLE IAME TREET ADDRESS ITY - ST - ZIP	ered agent, or both in nillar with, and accept gnature, typed or prin OFI SEE ATTACHI	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi	uthorized lorida Stu lapplica LETE	ble. ASSISTANCE 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	ation's board of directors R. F. SOUZA	are required when S TO OFFICER	ppointment s //// reinstating) S AND DIR Cha	DATE ECTORS IN 12 inge Additi
office or register agent. I am farring NATURE 2. TILE AMME TREET ADDRESS ITY - ST - ZIP ITLE IAME TREET ADDRESS ITY - ST - ZIP ITLE IAME TREET ADDRESS ITY - ST - ZIP ITLE IAME	ered agent, or both in nillar with, and accept gnature, typed or prin OFI SEE ATTACHI	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi	uthorized lorida Stu l'applica LETE	hythe corporature PETER ble. ASSISTATION 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME	AT ADDRESS ST - ZIP	hereby accept the a are required when	ppointment s //// reinstating) S AND DIR Cha	DATE ECTORS IN 12 inge Additi
office or register agent. I am fam fam fis MATURE IZ. IZ. ITLE IAME ITREET ADDRESS ITY - ST - ZIP ITLE IAME ITREET ADDRESS ITY - ST - ZIP ITLE IAME ITREET ADDRESS ITTY - ST - ZIP ITTLE IAME ITREET ADDRESS	ered agent, or both in nillar with, and accept gnature, typed or prin OFI SEE ATTACHI	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi	uthorized lorida Stu lapplica LETE	ble. ASSISTANCE 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.2 NAME 3.3 STREE 3.2 NAME 3.3 STREE 3.3 STREE 3.4 CITY 3.1 TITLE 3.5 NAME 3.5 STREE 3.7 NAME 3.7 STREE 3.8 NAME 3.8 STREE	AT ADDRESS ST - ZIP	are required when S TO OFFICER	ppointment s //// reinstating) S AND DIR Cha	DATE ECTORS IN 12 inge Additi
office or register agent. I am fam signature 2. TILE IAME TREET ADDRESS TY - ST - ZIP TILE IAME TREET ADDRESS TY - ST - ZIP TILE IAME TREET ADDRESS TY - ST - ZIP TILE IAME TREET ADDRESS TY - ST - ZIP TILE TREET ADDRESS	ered agent, or both in nillar with, and accept gnature, typed or prin OFI SEE ATTACHI	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi t and title ii	uthorized lorida Stu lapplica LETE	ble. ASSISTANCE 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE	ation's board of directors III R.F. SOUZA AT SCORTAN AT SCORTAN ADDITIONS/CHANGE T ADDRESS ST - ZIP T ADDRESS ST - ZIP T ADDRESS ST - ZIP	are required when S TO OFFICER	ppointment s 7/// reinstating) S AND DIR Cha	DATE ECTORS IN 12 inge Additi
office or register agent. I am fam fam fam fam fam fam fam fam fam	ered agent, or both in nillar with, and accept gnature, typed or prin OFI SEE ATTACHI	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi t and title ii	uthorized lorida Stu applica LETE LETE	13. 1.1 TITLE 1.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 NAME	ation's board of directors III R.F. SOUZA AT SCORTAN AT SCORTAN ADDITIONS/CHANGE T ADDRESS ST - ZIP T ADDRESS ST - ZIP T ADDRESS ST - ZIP	are required when S TO OFFICER	ppointment s 7/// reinstating) S AND DIR Cha	DATE ECTORS IN 12 Inge Additional
office or register agent. I am fam is is NATURE 2. TILE IAME TREET ADDRESS ITY - ST - ZIP ITLE IAME TREET ADDRESS ITY - ST - ZIP ITLE IAME TREET ADDRESS ITY - ST - ZIP ITLE IAME TREET ADDRESS ITY - ST - ZIP ITLE IAME TREET ADDRESS ITY - ST - ZIP ITLE IAME TREET ADDRESS ITY - ST - ZIP	ered agent, or both in nillar with, and accept gnature, typed or prin OFI SEE ATTACHI	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi t and title ii	uthorized lorida Stu applica LETE LETE	the corporature PETER ble. ASSIST 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.4 CITY	ation's board of directors F. SOUZA F. SOUZA F. SOUZA F. SOUZA F. SOUZA ADDITIONS/CHANGE ADDITIONS/CHANGE T. ADDRESS ST - ZIP S	are required when S TO OFFICER	ppointment s 7/// reinstating) S AND DIR Cha	DATE ECTORS IN 12 Inge Additional
office or register agent. I am fam fam fam fam fam fam fam fam fam	ered agent, or both in nillar with, and accept gnature, typed or prin OFI SEE ATTACHI	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi	uthorized lorida Stu applica LETE LETE	to by the corpor trute PETER NOT 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.3 STREE 4.2 NAME 4.3 STREE 4.3 STREE 4.3 STREE 4.2 NAME 4.3 STREE 4.3 STREE 4.3 STREE 4.4 NAME 4.3 STREE	AT ADDRESS ST - ZIP TT ADDRESS ST - ZIP TT ADDRESS ST - ZIP TT ADDRESS ST - ZIP	are required when S TO OFFICER	ppointment s 7/// reinstating) S AND DIR Cha	DATE ECTORS IN 12 Inge Additional
office or register agent. I am fam is is NATURE 2. ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS	ered agent, or both in nillar with, and accept gnature, typed or prin OFI SEE ATTACHI	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi	uthorizedorida Stu applica LETE LETE LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 6.2 NAME 6.3 STREE 6.3 NAME 6.3 STREE 6.3 NAME 6.3 STREE	ATOURESS ST - ZIP T ADDRESS ST - ZIP T ADDRESS ST - ZIP T ADDRESS ST - ZIP	are required when S TO OFFICER	ppointment s 7/// reinstating) S AND DIR Cha	DATE ECTORS IN 12 Inge Additional
office or register agent. I am fam fam fam fam fam fam fam fam fam	ered agent, or both in nillar with, and accept gnature, typed or prin OFI SEE ATTACHI	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi	uthorizedorida Stu lapplica LETE LETE LETE LETE	ble. ASSISTANCE 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 6.2 NAME 6.3 NAME 6.4 CITY 6.1 TITLE 6.2 NAME 6.3 NAME 6.4 CITY 6.1 TITLE 6.2 NAME 6.3 NAME 6.4 CITY 6.1 TITLE 6.2 NAME	ATOURESS ST - ZIP TADDRESS ST - ZIP	are required when S TO OFFICER	reinstating) S AND DIR Cha	DATE ECTORS IN 12 Inge Additi Additi Additi Additi
office or register agent. I am fam fam fam fam fam fam fam fam fam	gnature, typed or prin	the State the Oliga ited name	of Florida Such ch tions of, Section 6 of registered agen AND DIRECTORS	ange was a 07.0505, Fi	uthorizedorida Stu applica LETE LETE LETE	to by the corpor three PETER NOT 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 4.2 NAME 3.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 6.2 NAME 6.3 STREE 6.4 CITY 6.1 TITLE 6.2 NAME 6.3 NAME 6.3 NAME 6.4 CITY 6.1 TITLE 6.2 NAME 6.3 NAME 6.3 NAME	ation's board of directors F. SOUZA ADDITIONS/CHANGE ADDITIONS/CHANGE T. ADDRESS ST - ZIP T. ADDRESS T. ADDRESS	are required when S TO OFFICER	reinstating) S AND DIR Cha	DATE ECTORS IN 12 Inge Additional
office or register agent. I am fam fam fam fam fam fam fam fam fam	ered agent, or both in nillar with, and accept gnature, typed or print OFI SEE ATTACHI	the State the Obligation of the State the Obligation of the Obliga	of Florida. Such ch tions of, Section 6: of registered agen AND DIRECTORS 1	ange was a 07.0505, Fi	uthorizedorida Stu applica LETE LETE LETE LETE LETE	13. 1.1 TITLE 1.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 2.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY 5.1 TITLE 6.2 NAME 6.3 STREI 6.4 CITY 6.1 TITLE 6.2 NAME 6.3 STREI 6.4 CITY 6.1 TITLE 6.2 NAME 6.3 STREI 6.4 CITY 6.1 TITLE 6.3 STREI 6.4 CITY	ation's board of directors R.F. SOUZA ADDITIONS/CHANGE ADDRESS ST - ZIP T. ADDRESS T. ADDRESS	are required when S TO OFFICER	ppointment s	DATE ECTORS IN 12 Inge Additional
office or register agent. I am fam fam fam fam fam fam fam fam fam	rtify that the informat dicated on this annual	the State the Obligation amphiliated name FICERS AMENT	of Florida. Such ch tions of, Section 6: of registered agen AND DIRECTORS 1	ange was a 07.0505, Fi	LETE LETE LETE LETE LETE	be. ASSISTED 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY 6.5 TITLE 6.5 NAME 6.6 STREE 6.4 CITY 6.6 TITLE 6.5 NAME 6.6 STREE 6.5 CITY 6.6 STREE 6.5 CITY 6.7 NAME 6.6 STREE 6.5 CITY 6.6 STREE 6.5 CITY 6.7 NAME 6.6 STREE 6.5 CITY 6.7 NAME 6.6 STREE 6.5 CITY 6.5 NAME 6.6 STREE 6.5 NAME 6.5	ation's board of directors R.F. SOUZA Application Applic	Are required when S TO OFFICER Will, Florida Statutes re the same legal e	reinstating) S AND DIR Cha Cha Cha Cha Cha Cha Cha Cha	DATE ECTORS IN 12 Inge Additional
office or register agent. I am fam fam fam fam fam fam fam fam fam	rtify that the informat dicated on this annual	the State the Obligation ame FICERS AMENT	of Florida. Such chions of, Section 6: of registered agen AND DIRECTORS 1 ad with this filling of the receiver or tr	ange was a 07.0505, Fi	uthorizedorida Stu applica applica LETE LETE LETE LETE LETE LETE LETE LET	be. ASSISTED 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY 6.5 TITLE 6.5 NAME 6.6 STREE 6.4 CITY 6.6 TITLE 6.5 NAME 6.6 STREE 6.5 CITY 6.6 STREE 6.5 CITY 6.7 NAME 6.6 STREE 6.5 CITY 6.6 STREE 6.5 CITY 6.7 NAME 6.6 STREE 6.5 CITY 6.7 NAME 6.6 STREE 6.5 CITY 6.5 NAME 6.6 STREE 6.5 NAME 6.5	ation's board of directors R.F. SOUZA ADDITIONS/CHANGE ADDRESS ST - ZIP T. ADDRESS T. ADDRESS	Are required when S TO OFFICER Will, Florida Statutes re the same legal e	reinstating) S AND DIR Cha Cha Cha Cha Cha Cha Cha Cha	DATE ECTORS IN 12 Inge Additional

06/10/97 10:25 AM

Attachment 1

A. Officers and Directors

NAME	TITLE	ADDRESS	PHONE NUMBER
Ignacio Murguia	President	One Riverway, Suite 2200, Houston TX 77026	713-881-1000
Ramiro Villarreal	Secretary	One Riverway, Suite 2200, Houston TX 77026	713-881-1000
Jeff H. Smith	Asst. Secretary	One Riverway, Suite 2200, Houston TX 77026	713-881-1000
Marco Moreno	Asst. Secretary	One Riverway, Suite 2200, Houston TX 77026	713-881-1000