

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 26 1996 8:00 am
Secretary of State

DOCUMENT # **F11311** (0)
1. Corporation Name
AMARALTO CONCRETE PUMP INC.



Principal Place of Business: **1451 NW 129TH AVE. MIAMI FL 33182**
Mailing Address: **8580 SW 27TH TERRACE MIAMI FL 33155**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/16/1980	05/01/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FET Number	Applied For
				59-2045867	Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24		29		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		10. Name and Address of New Registered Agent	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LLIZO, MARIA ELENA 280 NW 129TH AVE. MIAMI FL 33182				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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LLIZO, ANGEL A		1.2 NAME		
STREET ADDRESS	280 NW 129TH AVE.		1.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		1.4 CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LLIZO, MARIA		2.2 NAME		
STREET ADDRESS	280 NW 129TH AVE.		2.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		2.4 CITY- ST- ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LLIZO, ALEXIS		3.2 NAME		
STREET ADDRESS	280 N.W. 129TH AVE.		3.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		3.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY- ST- ZIP			4.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY- ST- ZIP			5.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANGEL A. LLIZO PRESIDENT 06/18/96- 5530200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)