

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F11311

1. Corporation Name

AMARALTO CONCRETE PUMP INC.

Principal Place	of Business

FILED Apr 23, 1999 8:00 am Secretary of State

0225219

04-23-1999 90139 041 ***150.00



Principal Place	of Business	Mailing Address					
1451 NW 129TH	I AVE.	8580 SW 27TH TERRACE					
MIAMI FL 33182	?	MIAMI FL 33155			DO NOT WRITE IN THE	e SDACE	
2. Principal Pl	ace of Business	<u> </u>					
21					59-2045807		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		
22		27					
City & State	a markan na na markan na	City & State					
23		28		· · · · · · · · · · · · · · · · · · ·	_	to Fees	
Zip	Country	<u> </u>	Country	y			
24						2.1	No
	9. Name and Address of Curre	ent Registered Agent		т.:	6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent Pess (P.O. Box Number is Not Acceptable) FL 85 Zip Code Oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
1117/	O, MARIA ELENA		81	Name			į
			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	NW 129TH AVE.						
MAM	AI FL 33182		83	3			
			-	l City		95 7i	o Code
			184	City	F	L] 63 ~	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, t	he abov	/e-named co	rporation submits this statement for the purpose of	of changing	ts registered
office or re	onictored agent or both in the State	BSSO SW 27TH TERRACE MAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/16/1980 4. FEI Number 26					
agent. i ai	m ramılar with, and accept the oblig	patiblis of, Section 607.0303, Florida	Siatute.	.			
SIGNATURE	Stanguage transfer printed name of registered an	tent and title if applicable (NOTE: Rec	stered Age	ent signature requ	uired when reinstating) DATE		
12.						ND DIREC	FORS IN 12
TITLE	P		1.1 TITLE			Chang	e Addition
NAME	LLIZO, ANGEL A		1.2 NAME				ļ
	280 NW 129TH AVE.	\$					
STREET ADDRESS	MIAMI FL						
CITY-ST-ZIP	VP	□ DELETE		31-21		Chang	e Addition
TITLE	LLIZO, MARIA	Carlo Section					_
NAME	*	4		(
STREET ADDRESS		•					
CITY-ST-ZIP	MIAMI FL	FIRE		ST-ZIP		Chang	a D Addition
, TITLE .	ST	DELETE -	-		Acres and Arman	Criany	e Divoggon
NAME	LLIZO, ALEXIS	·	3.2 NAME				
STREET ADDRESS	280 N.W. 129TH AVE.		3.3 STREE	ET ADDRES\$			
CITY-ST-ZIP	MIAMI FL	· · · · · · · · · · · · · · · · · · ·	3.4. CITY-	ST-ZIP			
TITLE	-	☐ DELETE	4.1 TITLE			☐ Chang	e ∐ Addition
NAME		I	4. 2 NAME	:			
STREET ADDRESS		1	4.3 STREE	ET ADDRESS	*		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	***************************************	DELETE		-		☐ Chang	e 🔲 Additioп
NAME							
STREET ADDRESS	-		5.3 STREE	ET ADDRESS	•	-	
1			5.4 CITY-	ST-ZIP		1	
CITY-ST-ZIP TITLE	7174 711	□ DELETE				☐ Chang	e
						. •	
NAME		1		ET ADDRESS			
STREET ADDRESS	ľ		0.0 3 I NEI	., ADDINESS			

CITY-ST-ZIP 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, with all other like empowered.

APRIL 19/99

(305) 553--0200