

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

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000001952 (0)**  
1. Corporation Name  
**CEMEX USA MANAGEMENT, INC.**



Principal Place of Business <b>ONE RIVERWAY SUITE 2200 HOUSTON TX 77056 US</b>	Mailing Address <b>5111 WOODWAY 600 TRAVIS HOUSTON TX 77056-1722 US</b>
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3. Date Incorporated or Qualified <b>04/15/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>76-0189755</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURGUIA, IGNACIO</b>	1.2 NAME	
STREET ADDRESS	<b>ONE RIVERWAY STE 2200</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HOUSTON TS</b>	1.4 CITY- ST- ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VILLARREAL, RAMIRO</b>	2.2 NAME	
STREET ADDRESS	<b>AVE. CONSTITUCION 444 PTE.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MONTERREY, N.L. MEXICO 64000</b>	2.4 CITY- ST- ZIP	
TITLE	<b>AST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JEFFREY H</b>	3.2 NAME	
STREET ADDRESS	<b>ONE RIVERWAY STE 2200</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HOUSTON TX</b>	3.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOMENE, JOSE</b>	4.2 NAME	
STREET ADDRESS	<b>AVE. CONSTITUCION 444 PTE.</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MONTERREY, N.L. MEXICO 64000</b>	4.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAMBRANO, LORENZO H</b>	5.2 NAME	
STREET ADDRESS	<b>AVE. CONSTITUCION 444 PTE.</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MONTERREY, N.L. MEXICO 64000</b>	5.4 CITY- ST- ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARENO, MARCO</b>	6.2 NAME	
STREET ADDRESS	<b>AVE CONSTITUCION 444 PTE</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MONTERREY N</b>	6.4 CITY- ST- ZIP	

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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/11/97** 713-881-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)