

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90089 030 \*\*\*150.00

DOCUMENT # F95000004390

1. Corporation Name  
CEMEX CARIBE, INC.



Principal Place of Business

6700 N ANDREWS AVE  
STE 200  
FT. LAUDERDALE, FL 33309

Mailing Address

6700 N ANDREWS AVE  
STE 200  
FT. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Po Box 267970

27 Suite, Apt. #, etc. FT Lauderdale FL

28 City & State

29 33324 US

30 Zip Country

29 30

3. Date Incorporated or Qualified

09/11/1995

4. FEI Number

65-0613541

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME NORIEGA, FRANCISCO  
STREET ADDRESS 6700 N ANDREWS, STE 200  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE V ☐ DELETE

NAME NAVARRO, LEOPOLDO  
STREET ADDRESS 6700 N ANDREWS AVE STE 200  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE SD ☐ DELETE

NAME VILLARREAL, RAMIRO  
STREET ADDRESS 6700 N ANDREWS AVE STE 200  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☒ DELETE

NAME DOMENE, JOSE  
STREET ADDRESS 6700 N ANDREWS AVE STE 200  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE T ☐ DELETE

NAME VILLAREAL, MANUEL  
STREET ADDRESS 6700 N ANDREWS AVE STE 200  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 954 384 6994  
Date Daytime Phone #

CR2E034 (1/98)

0288633