

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999-00



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

FILED
00 MAY 12 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99-00
DO NOT WRITE IN THIS SPACE

DOCUMENT # J07437
1. Corporation Name
NATIONAL PRECAST CORP.

Principal Place of Business
ONE BISCAYNE TOWER - 5TH FLOOR
SUITE 1946 2 OF BISCAYNE BLVD.
MIAMI FL 33131

Mailing Address
ONE BISCAYNE TOWER - 5TH FLOOR
SUITE 1946 2 OF BISCAYNE BLVD.
MIAMI FL 33131

ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD. MIAMI, FL. 33131

2. Principal Place of Business
6600 NW 122 AVE
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. BOX 832813
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip Country
33183 25 U.S.A.

City & State
28 Miami Florida
Zip Country
29 33283-2813 30 U.S.A.

3. Date Incorporated or Qualified
03/26/1986

4. FEI Number
59-2656946
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. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELLER, LAWRENCE R.
ONE BISCAYNE TOWER
SUITE 1946
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 agree to the provisions of sections 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent Signature required when reinstating) DATE: *[Date]*

12. OFFICERS AND DIRECTORS
TITLE PD
NAME GONZALEZ, RICARDO DELETE
STREET ADDRESS 8120 NW 74TH STREET
CITY-ST-ZIP MEDLEY FL 33166
TITLE PD
NAME RICARDO GONZALEZ DELETE
STREET ADDRESS P.O. BOX 831675
CITY-ST-ZIP MIAMI, FL 33283-2813
TITLE P.D.
NAME Gonzalez, Ricardo
STREET ADDRESS P.O. BOX 832813
CITY-ST-ZIP MIAMI, FL 33283-2813
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 as an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED PRESIDENT 8/31/99 305 477-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)