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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J14829 (2)

1. Corporation Name  
F.C.C. MATERIALS CORP., INC.

Principal Place of Business  
% JOSE CASAS  
1102 SOUTHWEST 35TH AVENUE  
MIAMI FL 33135

Mailing Address  
% JOSE CASAS  
1102 SOUTHWEST 35TH AVENUE  
MIAMI FL 33135-4324



3. Date Incorporated or Qualified 05/08/1986  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 8645 SW 109 ST  
Suite, Apt #, etc.

2a. Mailing Address  
26 8645 SW 109 ST  
Suite, Apt #, etc.

4. FEI Number 59-2684247  
Applied For  
Not Applicable

22 MIAMI FL  
City & State

27 MIAMI FL  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23  
Zip 33136 Country Dade

28  
Zip 33136 Country Dade

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24  
Zip 33136 Country Dade

29  
Zip 33136 Country Dade

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASAS, JOSE  
1102 SOUTHWEST 35TH AVENUE  
MIAMI FL 33135

81 Name Jose Casas Jr.  
82 Street Address (P.O. Box Number is Not Acceptable)  
8645 S.W. 109 ST.  
83  
84 City Miami FL 85 Zip Code 33136

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] VTD DATE 1/10/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME CASAS, JOSE  
STREET ADDRESS 1102 SW 35TH AVENUE  
CITY-ST-ZIP MIAMI FL  
TITLE VTD  
NAME FLORES, BENJAMIN  
STREET ADDRESS 12873 S.W. 45TH TERR.  
CITY-ST-ZIP MIAMI FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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: [Signature] VTD DATE 1/10/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)