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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J52457

AMERICAN ASPHALT, INC.

(5)

FILED Apr 21 1997 8:00am Secretary of State

Principal Place 1000 SOUTHER 300 WEST PALM BE	N BLVD.		1000 SOUTHERN BLVD						
US						3. Date Incorporated or Qualified 01/20/1987	3a. Date of Last Report 05/01/1996		
2. Principal Plants	ace of Business	2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 59-2758962			oplied For ot Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	P		Additional
City & State		City & State				6. Election Campaign Financing	-1	\$5.00	
Zip	Country	7 ip	Cou	intry		Trust Fund Contribution 8. This corporation has liability for i	ntaogible.		to Fees
24	25	29	30			Florida Statutes	Yes [□ No	. 100.002,
1100	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Re	Jistered A	Agent	·
	RACKEN, JOHN B S. FLAGLER DRIVE				name		_		
	E 1100			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	T PALM BEACH FL 33401			83		<u> </u>			······································
				84	City			85 Zip (Code
14 5							FL_		
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorize Torida Stat	d by tutes.	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	of the app	ointment as	registered
12.	Signature, typed or printed name of registered age OFFICERS AN		11E: Registere	d Agen	nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE.	DIRECTOR	01 MI 20
TITLE	DPTS	DELETE	1.1 16	TLE	1	ADDITIONS/CHANGES TO OFFIC	LNS AND	Change	Addition
NAME	TOMEU, ENRIQUE A.			1,2 NAME					
STREET ADDRESS	6815 S. FLAGLER DRIVE		1.3 S1	TREET A	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		1.40		- ZIP				
TITLE	DELETE			2.1 TITLE				Change	Addition
NAME			2.2 N/						
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP TITLE	DELETE			2 4 GHY-ST-ZIP 31 TITLE			·	Change	Addition
NAME	Deterie			32 NAME				CT Annual	☐ Vocilion
STREET ADDRESS			1		ADDRESS				
CITY-\$T-ZIP				HY-SI	1				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TI				~	Change	Addition
NAME			4. 2 N	1AME					
STREET ADDRESS	•		4.3 \$1	TREE1 A	ADDRESS :				
CITY-ST-ZIP			4.4 CI	(TY-S1	- ZIP				
TITLE		☐ DELETE	5.1 Tr					Change	Addition
NAME			5.2 N/						
STREET ADDRESS			B		ADDRESS				
CITY-\$T-ZIP		DELETE		IIY-\$I	- Z (P			Change	Addition
TITLE		☐ MILLE	6.1 11					LJ Change	☐ ADDRION
NAME STREET ADORESS			6.2 N/		ADDRESS				
CITY-ST-ZIP				IREET A ITY-ST					
14. I do hereb	y certify that the information supplie	d with this filing does not qua	lify for the	exen	nption states	d in Section 119.07(3)(i), Florida Statutes	s. I further	certify that	the
Information	n indicated on this annual report or s	copolom ental annual report is	true and a	accur	ate and that	t my signature shall have the same lega rt as required by Chapter 607, Florida S	effect as	s if made uni	der oath: that