FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

~~1995~~ XXXX 1996

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

DOCUMENT # J56967

1. Corporation Name

C B BROWN CEMENT FINISHING CO., INC.

Principal Place of Business	Mailing Address
1860 NW 167th Street Opa-Locka, FL 33054	1860 NW 167th Street, Opa-Locka, FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/87

3a. Date of Last Report: 03/08/95

4. FEI Number: 59-2769747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: xx $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: XX Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 1860 NW 167th Street	26 1860 NW 167th Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Opa-Locka, FL	City & State 28 Opa-Locka, FL
Zip 24 33054 Country 25 USA	Zip 29 33054 Country 30 USA

9. Name and Address of Current Registered Agent

BROWN, CURNIS
1860 NW 167th Street,
Opa-Locka, FL 33054.

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 changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S/T/D	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, CURNIS	1.2 NAME	
STREET ADDRESS	1860 NW 167th Street,	1.3 STREET ADDRESS	
CITY-ST-ZIP	Opa-Locka, FL 33054	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Curnis Brown CURNIS BROWN, President 03/12/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR