

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 9:26

DOCUMENT # K82940 (3)

1. Corporation Name
CASH & CARRY CONCRETE & READY MIX CORP.

Principal Place of Business: **10631 WEST OKEECHOBEE ROAD HIALEAH GARDENS FL 33016-1956**
Mailing Address: **11780 NW SOUTH RIVER DRIVE MEDLEY FL 33178 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/24/1989	3a. Date of Last Report 03/17/1994
4. FEI Number 65-0120511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ALVAREZ, JUAN C.
10210 N.W. 130 STREET
HIALEAH GARDENS FL 33016**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 of Registered Agent (Required when changing registered agent)

Signature of Registered Agent (Required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ALVAREZ, JUAN C.
STREET ADDRESS	10210 N.W. 130 STREET
CITY, ST, ZIP	HIALEAH GARDENS FL
TITLE	VD
NAME	ALVAREZ, JUAN
STREET ADDRESS	10440 N.W. 132 STREET
CITY, ST, ZIP	HIALEAH GARDENS FL
TITLE	TD
NAME	RODRIGUEZ, ESTEBAN
STREET ADDRESS	1601 S.W. 102 STREET
CITY, ST, ZIP	MIAMI FL
TITLE	SD
NAME	RODRIGUEZ, DANIEL
STREET ADDRESS	10621 S.W. 68 TERRACE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Juan Alvarez* **Juan Alvarez Vice/Pres/Dir**

305-556-4101