

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # M07897

1. Corporation Name  
SOUTH DADE READY MIX, INC.

Principal Place of Business  
LAW OFFICE OF DET H. JOKS. P.A.  
10689 NORTH KENDALL DRIVE. PH-310  
MIAMI FL 33176

Mailing Address  
10689 N. KENDALL DRIVE  
SUITE 310  
MIAMI FL 33176-1525  
US

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90064 009 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1984

4. FEI Number

59-2464829

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 Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOKS, DET H.  
10689 NORTH KENDALL DRIVE  
PENTHOUSE 310  
MIAMI FL 33176

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME VENINGA, GENE  
STREET ADDRESS 8396 S.E. DOUBLE TREE DR.  
CITY-ST-ZIP HOBE SOUND FL

1.1 TITLE PDT  
1.2 NAME VENINGA GENE  
1.3 STREET ADDRESS 8396 S.E. DOUBLE TREE DR.  
1.4 CITY-ST-ZIP HOBE SOUND FL.

TITLE VD  
NAME RIVERA, GERARDO  
STREET ADDRESS 4301 S.W. 139TH AVE.  
CITY-ST-ZIP MIRAMAR FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ~~STD~~  
NAME ~~BLIND, JAMES P.~~  
STREET ADDRESS ~~33 SAPPINGTON ACRES DR.~~  
CITY-ST-ZIP ~~ST. LOUIS MO~~

3.1 TITLE SD  
3.2 NAME BLIND JOHN  
3.3 STREET ADDRESS 148 S W SARATOGA AVE.  
3.4 CITY-ST-ZIP PORT ST. LUCIE FL.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
Gene Veninga

2-1-99  
Date

561-288-6724  
Daytime Phone #

CR2E034 (11/98)