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

FILED Apr 27 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M43603 (3) **GENERAL CONCRETE & READY MIX. CORPORATION** Principal Place of Business Mailing Address 9409 N.W. 109 ST 9409 N.W. 109 ST MEDLEY FL 33178 MEDLEY FL 33178 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1986 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 59-2752155 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zio Country Country 8. This corporation owes or has paid the current year intangible Yes □ No Personal Property Tax due June 30. 24 28 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALVAREZ, JUAN 10440 NW 132 STREET ₿2 Street Address (P.O. Box Number is Not Acceptable) HIALEAH GARDENS FL 33016 83 84 City Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE alvarez, Juan CR2E034 NAME 1.2 NAME 10440 NW 132 STREET STREET ADDRESS 1.3 STREET ADDRESS HIALEAH GARDENS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE ALVAREZ, JUAN C. 2.2 NAME NAME STREET ADDRESS 10210 NW 130 STREET 2.3 STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ALVAREZ, NEREIDA B. NAME 3.2 NAME 10440 NW 132 STREET STREET ADDRESS 3.3 STREET ADDRESS HIALEAH GARDENS FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP COY-ST-7IP Change Addition TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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 supplied that it 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 18 if changed, often a fault changed of the receiver of the corporation of the corporation of the receiver of the corporation of th

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

MAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition