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

FILED Feb 12 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 #** (1)M45523 AVALOS CONCRETE BLOCK, INC. Principal Place of Business Mailing Address 12895 SW 6 ST. 12895 SW 6 ST. MIAMI FL 93184 MIAMI FL 33184 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/27/1987</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2762909 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Žiρ Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ARTURO, HERRERA **6520 SW 47 STREET** Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 85 Zip Code 84 City 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 ponted name of registered agent and title diapplicable (NOTE: Registored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETÉ TITLE 1.1 TITLE Change Addition AVALOS, CELIA M. NAME 1.2 NAME 12895 SW 6 ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DETETE 21 THILE Change Addition TITLE **AVALOS, JULIO** NAME 2.2 NAME 12895 SW 6 ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE ___ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STHEET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

DELETE

6.1 TITLE

6.2 NAME

63 STREET ADDRESS 64 CITY-ST-ZIP

Change

Addition