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FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # M62137 (8)
 1. Corporation Name
BARREIRO CONCRETE CORPORATION



Principal Place of Business Mailing Address
12906 SW 133 CT NO A MIAMI FL 33196 **12906 SW 133 CT NO A MIAMI FL 33196-5806**

3. Date Incorporated or Qualified **11/06/1987** 3a. Date of Last Report **03/12/1996**

2. Principal Place of Business 2a. Mailing Address
21 25440 S.W. 140 AVE **26 25440 S.W. 140 AVE.**

4. FEI Number **65-0012126** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 PRINCETON, FL. 33032 **28 PRINCETON, FL. 33032**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 33032 25 USA **29 33032 30 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BARREIRO, AMERICO
~~12906 SW 133 CT NO A MIAMI FL 33196~~ **15440 S.W. 140 AVE. PRINCETON, FL. 33032**

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	BARREIRO, AMERICO	
STREET ADDRESS	12906 SW 133 CT NO A MIAMI FL 33196 25110 S.W. 212 AVE.	
CITY-ST-ZIP	MIAMI FL 33196 HOMESTEAD, FL. 33031	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARREIRO, AMERICO	
STREET ADDRESS	12906 SW 133 CT NO A MIAMI FL 33196 25110 S.W. 212 AVE.	
CITY-ST-ZIP	MIAMI FL 33196 Homestead, Fl. 33031	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (9/96)