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

Mailing Address

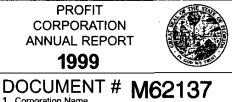
**PROFIT CORPORATION ANNUAL REPORT** 

1999

BARREIRO CONCRETE CORPORATION

1. Corporation Name

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90171 025 \*\*\*150.00

## 

25440 S.W. 140 AVE PRINCETON FL 33032 US		25440 S.W. 140 AVE PRINCETON FL 33032 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
						11/06/1987			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0012126			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	:	27	7			5. Certifcate of Status Desired		Fee I	Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	<u> </u>	Adde	d to Fees
Zip	Country Zip			Country		8. This corporation owes the curre	ent year Inta	_	C7N-
24 25 29 39  9. Name and Address of Current Registered Agent				Personal Property Tax.				□No	
	9. Name and Address of Curr	ent Registered Agent	8	1 N:	ame	10. Name and Address of New R	egistered A	gent	
BAR	REIRO, AMERICO		Ľ	`\ '` <b>`</b>	airie				
	0 S.W. 140 AVE		82 Street Ad		reet Addre	ess (P.O. Box Number is Not Accepta	ble)		
PRIN		8	3					<u>·</u>	
			]	1					
			8-	4 Ci	ty		FI	85 Zi	p Code
11 Dumun-1	to the provisions of Sections 607 0	502 and 607 1508 Florida Statutor	s the above	ve-na	med corns	pration submits this statement for the p	ournose of c	hanging i	its registered
office or re	egistered agent, or both, in the Star	te of Florida. Such change was aut	thorized b	y the	corporation	n's board of directors. I hereby accep	the appoin	tment as	registered
agent. I ar	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statute	S.					
SIGNATURE	Signature, typed or printed name of registered a	ANOTE: E	Pagistared Ag	ant eion	ature required	when reinstating)	DATE		
12.		AND DIRECTORS	13.	erit algit	atore required	ADDITIONS/CHANGES TO OFF		DIRECT	TORS IN 12
TITLE	PST	☐ DELETÉ	1.1 TITLE					Change	
NAME	BARREIRO, AMERICO		1.2 NAME						ļ
STREET ADDRESS	25110 S.W. 212 AVE		1.3 STRE		RESS				
CITY-ST-ZIP	HOMESTEAD FL		1.4 C/TY-						
TITLE	D	☐ DELETE	2.1 TITLE					Change	e Addition
NAME	BARREIRO, AMERICO	<del>_</del>	2 2 NAME						ĺ
STREET ADDRESS	25110 S.W. 212 AVE		2.3 STRE		RESS				ļ
CITY-ST-ZIP	HOMESTEAD FL		2. 4 CITY						Ì
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1 TITLE		-			☐ Change	e Addition
NAME	•		3.2 NAME					_	Ì
STREET ADDRESS			3.3 STRE		RESS				j
CITY-ST-ZIP			3.4. CITY						
TITLE		☐ DELETE	4.1 TITLE					Chang	e Addition
NAME			4. 2 NAM						
STREET ADDRESS			4.3 STRE		RESS				
CITY-ST-ZIP			4.4 CITY-						
TITLE		☐ DELÉTE	5.1 TITLE					Chang	e Addition
NAME		_	5.2 NAME			·			
STREET ADDRESS			5.3 STRE	ÉT ADO	RESS				į
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	}				
TITLE		☐ DELETE	6.1 TITLE					Chang	e Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ET ADD	RESS				}
CATA ST TIP			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: