FILED Mar 24, 1999 8:00 am

Secretary of State

03-24-1999 90012 015 ***150.00

CR2E034 (11/98)

☐ Addition

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Change

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Change

1999

TITLE

NAME -

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY+ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address 10312 SW 3RD STREET 10312 SW 3	1. Corporation	MENT # M93450 IN Name IN CONCRETE PUMPING CO								
## DO NOT WRITE IN THIS SPACE 3. Data Incorporated or Qualified 08/09/1988	Principal Place of Business Mailing Address						T TOURS HE HERE THE STORE STORE STATE STAT	.1815 8161	1 41611 611	### ##################################
2. Principal Place of Business						DO NOT WRITE IN THIS	SPAC	Έ		
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Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			1		Арр	lied For
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City & State City & State City & City & State City & State	Suite, Apt. #, etc.						5. Certificate of Status Desired	* * · · · · · · · · · · · · · · · · · ·		
Zip		, <u> </u>					6. Election Campaign Financing		5. 00 N	vlay Be
24	23	28					Trust Fund Contribution	~~~ A	dded to	Fees
9. Name and Address of Current Registered Agent GARCIA, FRANCISCO 10312 SW 3 STREET MIAMI FL 33174 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name 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 agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pinted 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 P	Zip	Country	Zip		Country		8. This corporation owes the current year in			_
GARCIA, FRANCISCO 10312 SW 3 STREET MIAMI FL 33174 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	24			30						No
GARCIA, FRANCISCO 10312 SW 3 STREET MIAMI FL 33174 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 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, and take it applicable. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PAME GARCIA, FRANCISCO 12. NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 14. CITY-ST-ZIP MIAMI FL 33174 15. CHANGE GARCIA, SOCORRO 16. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 22. NAME GARCIA, SOCORRO 13. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 24. City TITLE PAME 35. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 25. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 26. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 27. STREET ADDRESS	Name and Address of Current Registered Agent				Щ,		10. Name and Address of New Registered	Agent	<u></u>	
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE P DELETE 1.1 TITLE Change Addition NAME GARCIA, FRANCISCO 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33174 1.4 CITY-ST-ZIP TITLE Change Addition NAME GARCIA, SOCORRO 22 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP STREET ADDRESS 1.3 STREET ADDRESS 2.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP	office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change wa ations of, Section 607.0505,	is author Florida S	ized by Statutes.	tne corpo	ration's board of directors. I hereby accept the appo	chang intmen	ing its r t as reg	egistered istered
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4. 2 NAME

5.1 TITLE .

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an each powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filling does indicated on this annual report of supplemental annual report is officer or director of the corporation or the receiver or trustee or Block 12 or Block 13 if changed, or on an attantiment with an a

SIGNATURE: RINTED NAME OF SIGNING OFFICER OR DIRECTOR