SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT** 1997

CITY-\$T-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02833

(2)

CONTINENTAL CEMENT OF FLORIDA INC.

Principal Place of Business		Mailing Address		s sommods via Balta noder oblas intad till atall allas dibli dibli dibli bibli libbt		
P.O. BOX 13128 P.O. BOX 13128						
PORT EVERGLADES STATION		PORT EVERGLADES STAT				
FT. LAUDERD	ALE FL 33316	FT. LAUDERDALE FL 333	16	DO NOT WRITE		
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				07/25/1984	02/27/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 P. O. Box 93-9007		59-2418830	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28 Margate, F		Trust Fund Contribution	Added to Fees	
Žip	Country	Zip	Country	8. This corporation owes or has pai		
24	25	29 33093	30 USA	Personal Property Tax due June		
	9, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
CT CORPORATION SYSTEM 81 Name						
1200 S. PINE ISLAND ROAD			B2 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324						
			83			
			84 City		85 Zip Code	
			" " " " " " " " " " " " " " " " " " "		FL s zip code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	les, the above-named o	corporation submits this statement for the p	urpose of changing its registered	
office or l	registered agerit, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change was l ligations of, Section 607.0505, Fl	aumonzed by the corp⊩ orida Statutes.	oration's board of directors. I hereby accep	it the appointment as registered	
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered	agont and title if applicable (NOT	f : Registered Agent signature r		ĐẠTE	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	8	☐ DELETE	1.1 TITLE		Change Addition	
NAME	HOPKINS, PAUL M.		1.2 NAME			
STREET ADDRESS	200 PARKAVE.		1.3 STREET AUDRESS			
CITY-ST-ZIP	NEW YORK NY		1.4 CITY - ST - ZIP			
TITLE	PD	DELETE	2.1 TITLE		Change Addition	
NAME	SWAHN, GOSTA		2 2 NAME			
STREET ADDRESS	3021 NE 46TH ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		2 4 CITY-ST-ZIP			
TITLE	V	DELFTE	3 1 TITLE		Change Addition	
NAME	SUTTON, LARRY		3.2 NAME			
STREET ADDRESS	SLIP 3 EISENHOWER BLVD		3.3 STREET ADORESS			
CITY-ST-ZIP	FT LAUDERDALE FL		3 4. CHY-ST-ZIP			
TITLE	D	X DELETE	4.1 TITLE	D	Change X Addition	
NAME	LINDEROTH, ULF		4. 2 NAME	Holmsen, Cato A	_ • -	
STREET ADDRESS	BOX 144 182-12 NA		4.3 STREET ADDRESS	Box 1423 Vika		
	DANDERYD SW		1	Oslo N-0115 Norway		
CITY-ST-ZIP	Oran Delino Oli	DELETE	44 CITY- ST-ZIP 5 1 TITLE	OSIO N-OIIJ NOIWAY	Change Addition	
TITLE		ניין טוננוני	1		ш оналус ш ливнов	
NAME			5.2 NAME		•	
STREET ADDRESS	1		5.3 STREET ADDRESS			

6.4 CITY - S1 - 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 trustoe 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 own anatometry in an address. ap address.

5.4 CITY - ST - ZIP

6 3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Addition

Change

FILED

Jul 28 1997 8:00am

Secretary of State