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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000028831 (4)

A-1 DESIGN STAMP CONCRETE CORP.

FILED
Mar 18 1998 8:00am
Secretary of State

| Principal Place of Business | | Mailing Addres | s | | | | | | | |
|-------------------------------------|---------------------------|------------------------|---------------------------------------|------|------|----------------------------------------------------------------------------------|-----------------------------------|--|--|--|
| 13373 NW 8TH LANE MIAMI FL 33182 | | | PO BOX 653154 MIAMI FL 33265 US | | | DO NOT WRITE IN THIS | SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualified 04/20/1993 | | | | |
| 2. Principal Place of Business | | 2a. Mailing Add | 2a. Mailing Address | | | 4, FEI Number | Applied For | | | |
| ī | | 26 | | | | 65-0410459 | Not Applicable | | | |
| Suite, Apt. #, etc. | | Suite, Apt. 6 | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip Zip | Country 25 | Zip 29 | 30 | ntry | | This corporation owes or has paid the cur Personal Property Tax due June 30. | rent year Intangible Yes No | | | |
| | 9. Name and Address of Cu | rrent Registered Agent | | | | 10. Name and Address of New Registered | Agent | | | |
| | ITALVO, MIRTHA | | | 81 | Name | | | | | |
| 13373 NW 8TH LANE MIAMI FL 33182 | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | \ | 83 | | | | | | |
| | | | | 84 | City | | 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.

| agent. Fam familial with, and accept the bonganons of, social to 07.0000, Florida Statutes. | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------|----------------------|------------|------------------|------------|-----------|--------------|--|--|--|--|
| SIGNATURE Drutha Montalion Signature, typed or printed name of registered agent and tills of applicable (NOTE: Registered Agent signature required when reinstating) DATE ONTE | | | | | | | | | | | | |
| 12. | Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS | (NOTE: NE | 13. | | DIDECTOR | C IN 40 | | | | | | |
| TITLE | PD DE | TETE | 1.1 TITLE | M | IS/CHANGES TO OF | FICENS AND | Change | Addition | | | | |
| | | LLEIL | | | ديناملي ـ ١ | , | LT CHANGE | KON MONITORI | | | | |
| HAME | MONTALVO, MIRTHA | | 1.2 NAME | Jose R. M. | Ιοηταίνο | | | | | | | |
| STREET ADDRESS | 13373 NW 8TH LANE | | 1.3 STREET ADDRESS | 13373 NU | BLIV | | | | | | | |
| CMY-ST-ZIP | MIAMI FL 33182 | | 1.4 CITY - ST - ZIP | Miami Fl | 33182 | | | | | | | |
| TITLE |] DE | ELETE | 2.1 TITLE | | | | Change | Addition | | | | |
| NAME | | | 2.2 NAME | | | | | | | | | |
| STREET ADDRESS | } | | 2.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | | | 4. | | | | | | |
| TITLE | DI DI | ELETE | 3.1 TITLE | | | .73 | Change | Addition | | | | |
| NAME | | | 3.2 NAME | | | | | | | | | |
| STREET ADDRESS | j | | 3.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | | | | | | | | |
| TITLE | Di | LETE | 4.1 TITLE | | | | Change | Addition | | | | |
| NAME | | | 4. 2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | | | | | | | |
| TITLE | DE DE | LETE | 5.1 TITLE | | | | Change | Addition | | | | |
| NAME |] | | 5.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | | | | | | | | |
| TITLE | DE DE | ELETE | 6.1 TITLE | | | | Change | Addition | | | | |
| NAME | } | | 6.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 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 trustede 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:

mortha montalis

January 30,98

305-266-1552 Daytime Phone # 0206961