Jan 29, 2001 8:00 am DOCUMENT # P93000037352 **Secretary of State** BACALLAO CONCRETE PUMPING CORP. 01-29-2001 90040 047 ***150.00 Principal Place of Business Mailing Address 742 W 50 PL 742 W 50 PL սսսսյենն #104 #104 HIALEAH FL 33012 HIUALEAH FL 33012 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0413952 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BACALLAO, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 742 W 50 PL #104 HIALEAH FL 33012 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change ☐ Addition NAME BACALLAO, FRANCISCO NAME STREET ADDRESS STREET ADDRESS 742 W 50 PL CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Delete TITLE Change ☐ Addition BACALLAO, FRANCISCO JR. NAME NAME STREET ADDRESS STREET ADDRESS 742 W 50 PL > CITY-ST-ZIP. CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Delete TITLE Change Addition NAME BACALLAO, LUIS A NAME STREET ADDRESS STREET ADDRESS 742 W 50 PL CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Delete TITI F ☐ Change Addition NAME BACALLO, ALBA M NAME STREET ADDRESS STREET ADDRESS 742 W 50 PL CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OPEN SE OR DIRECTO

FRANCISCO BACALLAO

01-13-2001

Daytime Phone #