## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

P93000052002 (1) DOCUMENT #
1. Corporation Name

WESTLAND PRECAST, CORP.

**FILED** May 01 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address										
2900 N.W. 72ND ST. MIAMI FL 33147			1511 ZULETA AVENUE CORAL GABLES FL 33146							
US							3. Date Incorporated or Qualified			
2. Principal Place of Business			2a. Mailing Address 6				4. FEI Number Applied For 65-055 1628 Not Applicab			Applied For Not Applicable
Suite, Apt. #, etc.			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	Country	28	Zip	Count	try		8. This corporation has liability for i			
24	25	29		30			Florida Statutes			
	9. Name and Address of Curren	t Regis	stered Agent				10. Name and Address of New R	egistered A	Agent	
				Įε	B 1	Name				
	ANTIAGO		82 Street Add			Street Addre	dress (P.O. Box Number is Not Acceptable)			
3191 CORAL WAY 3RD FLOOR			83							
MIAMI FL 33145						City		FL 85 Zip Code		
familiar wit	th, and accept the obligations of, Sect Signature typod or printed name of registeric agent	ion bu/ Land life if	applicative. (NCTE	Registered A		ioration's board		DATE	· · · · · · · · · · · · · · · · · · ·	
12.	OF HICERS AN	D DIRE		13.		<u>-</u>	ADDITIONS/CHANGES TO OFF		7 Chanc	
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CITY-ST-ZIP	CORAL GABLES FL 33146		- britte	1.4 CIT		ST - Z.P			Chang	e
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NAME	BAFAEL GABCA 2900 NW 72	~ T		2.2 NA)						
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CITY-ST-ZIP				6.4 CH	IY-:	\$1-7IP				
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE: LEGIT MASSIN BOGER TO 01/15/NO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR