FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:42

DOCUMENT # **P93000086698 (6)**

1. Corporation Name
RIVER CEMENT, INC.

Principal Place of Business	Mailing Address
C/O CHEMWEST CORP. 1619 N.W. 84TH AVE. MIAMI FL 33126	C/O CHEMWEST CORP. 1619 N.W. 84TH AVE. MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/20/1993	05/31/1994

2. Principal Place of Business	2a. Mailing Address
21 304 NATIONAL STREET	26 304 NATIONAL STREET
Suite, Apt. #, etc. 22 PORT MANATEE	Suite, Apt. #, etc. 27 PORT MANATEE
City & State 23 PALMETTO, FLORIDA	City & State 28 PALMETTO, FL
Zip / Country 24 34221 / 25 U.S.A.	Zip / Country 29 34221 / 30 U.S.A.

4. FEI Number: 05-0462032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAMA, LUIS MR
CHEMWEST CORP.
1619 N.W. 84TH AVE.
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: ENZO MOSCHELLA
82 Street Address (P.O. Box Number is Not Acceptable): 1619 NW 84th AVENUE
83
84 City: MIAMI, FL 85 Zip Code: 33126

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the date of signature (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President	☒ Change ☐ Addition
NAME	RIOS, PAMPEYO	12 NAME	FRANCISCO GARZA	
STREET ADDRESS	1619 N.W. 84TH AVE.	13 STREET ADDRESS	1619 N.W.84TH AVE.	
CITY ST ZIP	MIAMI FL 33126	14 CITY ST ZIP	MIAMI FL 33126	
TITLE	VTD	21 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	MUNICA, ALFREDO	22 NAME	JOSE ALBERTO GHIO	
STREET ADDRESS	1619 N.W. 84TH AVE.	23 STREET ADDRESS	1619 N.W. 84TH AVE.	
CITY ST ZIP	MIAMI FL 33126	24 CITY ST ZIP	MIAMI FL 33126	
TITLE	SD	31 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	MOSCHELLA, ENZO	32 NAME	ENZO MOSCHELLA	
STREET ADDRESS	1619 N.W. 84TH AVE.	33 STREET ADDRESS	1619 N.W. 84TH AVE.	
CITY ST ZIP	MIAMI FL 33126	34 CITY ST ZIP	MIAMI FL 33126	
TITLE	D	41 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	VILLEGAS, ANTONIO J	42 NAME	POMPEYO RIOS	
STREET ADDRESS	1619 N.W. 84TH AVE.	43 STREET ADDRESS	1619 N.W. 84TH AVE.	
CITY ST ZIP	MIAMI FL 33126	44 CITY ST ZIP	MIAMI FL 33126	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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 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 X in Block 13.

SIGNATURE: Enzo Moschella — Feb. 06, 1995 — 58-2-507.98.12
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

CP