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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P94000019471

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90021 005 ***150.00

SILVA CO	ONCRETE, INC					
Principal Place	of Business	Mailing Address		1		
620 W 15TH ST	•	620 W 15TH ST				
NO #4	MA	NO #4		DO NOT WRITE IN T	JIG SDACE	
		HIALEAH FL 33010 US		3. Date Incorporated or Qualifed	110 OF ACL	
00	•	00		03/14/1994		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21	,	26		65-0473978	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional
22		27	<u> </u>	5. Certifcate of Status Desired	Fee Red	<u> </u>
City & State		City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		□No
24	25	29 30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	eu Ageilt	
SILV	A, MIGUEL A	·				
	W 15TH ST		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
NO a			83			
HIAL	EAH FL 33010				- _	
			84 City	F	85 Zip C	ode
office or re	edistered agent of both in the State o	nt Fiorida. Such chande was auth	iorized by the corbora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as reg	istered
office or re	egistered agent, or both, in the State of in familiar with, and accept the obligat Signature, typed or printed hame of registered agent	of Florida. Such change was surn ions of, Section 607.0505, Florida and title if applicable. (NOTE: Re	onized by the corpora a Statutes.	ilrod when reinstating) DATE	ponument as reg	, sicred
office or reagent. I as SIGNATURE	egistered agent, or both, in the State of in familiar with, and accept the obligat Signature, typed or printed hame of registered agent OFFICERS AND	of Florida. Such change was aumions of, Section 607.0505, Florida and title if applicable. (NOTE: Re	orized by the corporal a Statutes. pgistered Agent signature requi	tion's board of directors. Thereby accept the ap	AND DIRECTOR	, sicred
office or reagent. I at SIGNATURE 12.	egistered agent, or both, in the State of in familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS AND	of Florida. Such change was surn ions of, Section 607.0505, Florida and title if applicable. (NOTE: Re	onized by the corporal a Statutes. gistered Agent signature requi	ilrod when reinstating) DATE	ponument as reg	, sicred
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14. 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 supplied ental 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 of 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, with all other like empowered.

SIGNATURE:

URE REQUIRED

Date

Daytime Phone #