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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400039629

1. Corporation Name

DEDMACRETE SYSTEMS INC

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90213 081 ****37.50 04-27-1999 90213 082 ***112.50

FEINMONETE OTOTEMO, INC.									
Principal Flace	e of Business	Mailing Address					AD IIRIA IBIIA DIIKA	tinin ihis inki	
6464 CABALLERO BLVD		6464 CABALLERO BLVD.							
CORAL GABLES	= 111	CORAL GABLES FL 33146				DO NOT WIDET IN THE	CODACE		
						DO NOT WRITE IN THE	3 SPACE		
						3. Date Incorporated or Qualifed			
						05/25/1994 4. FEI Number Applied For			
─ ¬	lace of Business	2a. Mailing Address				Ť	<u> </u>	Applicable	
21 Suite Ant # oto		Suite, Apt. #, etc.				65-0524256	\$8.75 A		
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired	Fee Re		
City & State		City & State				6. Election Campaign Financing	\$5.00		
		28				Trust Fund Contribution	Added to Fees		
Zip Country		Zip Country			8. This corporation owes the current year I				
24			30	n .				□No	
24	9. Name and Address of Current		1001	T		10. Name and Address of New Registers	d Agent		
		_ 		81 1	Name				
DE MENDIA, CARLOS F				02 0	Name Ard	ress (P.O. Bo> Number is Not Acceptable)			
6464 CABALLERO BLVD.				82 Street Acd		iless (F.O. BO) Number is Not Acceptable)			
COR	VAL GABLES FL 33146			83					
							los Zin (·	
	(/ / ,)			84 (City	F	L 85 Zip €	, ide	
11. Pursuant	to the provisions of Sections 6,770502	and 607.1508, Florida Stati	utes, the a	bove-n	amed ccr	poration submits this statement for the purpose ion's board of cirectors. I hereby accept the app	of changing its	r egistered	
office cr r	egistered agent, of by h, in the state of	of Florida, Such change was	authorized Iorida Stat	d by the	e corgonati	ion's board of cirectors. I hereby accept the app	ointment as reg	sterea	
	111 (all lina) with, and at each merophyai	7/13 (7, 00011011 007.0000, 1	(/	//2	1/24				
SIGNATURE	Signature, typed or pented name of registered agent	and title if applicable. (NO	Ti: Registered	Agent si	nature requir	ed when reinstating) DATE			6
12.	CONTROL S ANI	DIRECTORS	13.	$\overline{}$		ADDITICNS/CHANGES TO OFFICERS /			CR2E034 (11/98)
TITLE	D	☐ DELETE	1.1 T	1.1 TITLE			Change	☐ Addition	Ξ
NAME	VALVERDE, HECTOR R		1.2 N	AME	- 1				8
STREET ADDRESS	6520 SAN VICENTE		1.3 S	TREET AD	DRESS				Щ
CITY-ST-ZIP	CORAL GABLES FL		14 C	ITY-ST-Z	Р				×
TITLE	D	☐ DELETE	2.1 T	ITLE			Change	Addition)	U
NAME	PERKINS, ANA V		2.2 N	AME	l				
STREET ADDRESS	5309 ALHAMBRA CL		2.3 S	TREET AC	DRESS				
CITY-ST-ZIP	CORAL GABLES FL		2.40	my-st-z	IP .				
TITLE -	D	☐ DELETE	3.1 T	ITLE			Change	Addition	
NAME	MENDIA, CARLOS G		32 N	AME				[i
STREET ADDRESS	7960 SW 89TH TERR.		3.3 S	TREET AD	DRESS				i
CITY-ST-ZIP	MIAMI FL 33156		34.0	CITY-ST-Z	IP				
TITLE	D	☐ DELETE	4.1 T		1		Change	☐ Addition	ĺ
NAME	DE MENDIA, CARLOS F			NAME	- }				ĺ
STREET ADDRESS	6464 CABALLERO BLVD.		4.3 S	TREETAL	DRESS				ĺ
CITY-ST-ZIP	CORAL GABLES FL 33146			ITY-ST-Z	IP -		- Channa		1
TITLE		☐ DELETE	51T				Change	☐ Addition	
NAME				AME				}	
STREET ADDRES 3				TREET AL	1				i
CITY-ST-ZIP		——————————————————————————————————————		TY-ST-Z	NP		☐ Change	Addition	ı
TITLE		DELETE	6.1 T				□ change	☐ vaccoot	ĺ
NAME			ı i	AME					1
STREET ADDRESS	/	\nearrow	1	TREET AL					
CITY-ST-ZIP			6.4 C	ITY-ST-Z	IP	Postion 110 07(/)(i) Florido Statutos I further o	odify that the i	ofermation	į

14. I hereby certify that the information supplies with his flips indicated on this annual report or supplierental annual report or supplierental annual report or supplierental annual reports of the receive of the Block 12 or Block 13 if changed, or or an attachine it with rqualify for the exemption stated in Dection 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in with all other like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR