

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000087084 (7)**

1. Corporation Name

QUALITY CONCRETE CORPORATION



Principal Place of Business

Mailing Address

~~17290 SW 192ND ST~~
~~MIAMI FL 33187~~

~~17290 SW 192ND ST~~
~~MIAMI FL 33187~~

2. Principal Place of Business

2a. Mailing Address

21 **400 NW 10 AVE.**
State, Apt. #, etc.

26 **400 NW 10 AVE.**
State, Apt. #, etc.

22
City & State
23 **HOMESTEAD, FL.**
Zip
24 **33080** Country

27
City & State
28 **HOMESTEAD, FL.**
Zip
29 **33080** Country

3. Date Incorporated or Qualified
12/01/1994

3a. Date of Last Report
03/08/1995

4. FEI Number
65-0548372

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

10. Name and Address of New Registered Agent

TALAVERA, MARIA M
17290 SW 192ND ST
MIAMI FL 33187

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to register corporation and this application

Signature of Registered Agent (signature required when changing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **TALAVERA, MARIA M**
CITY-STATE-ZIP **17290 SW 192ND ST**
MIAMI FL 33187
2. TITLE ☐ DELETE
NAME **VT**
STREET ADDRESS **TALAVERA, RAYMOND M**
CITY-STATE-ZIP **17290 SW 192ND STREET**
MIAMI FL 33187
3. TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **TALAVERA, RAYMOND E**
CITY-STATE-ZIP **17290 SW 192ND STREET**
MIAMI FL 33187
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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: **MARIA M. TALAVERA** *Maria Talavera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 (30) 2429222
Date Daytime Phone #

CR2E034 (12/95)