SECOND NOTICE: CORPORATION WILL BE DISSULVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #	P95000003711 (5)	
LASI CONCRETE, II	NC.	
Principal Place of Business	Mailing Address	~~~



Principal Place of Business Mailing Address			I 1981/4081 III 1916 SINCE SINCE ODIN DONI BOND BOND BOND THE LIBER INCOME THE FIRST THE CONTROL OF THE FIRST THE CONTROL OF T		
577 EAST 31S HIALEAH FL 3		577 EAST 31ST ST. HIALEAH FL 33013			
				Date Incorporated or Qualified 3a. Date of Last Report 01/13/1995	t
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number Applie	d For
21		26		65 -05 48 15 Nat Ar	plicable
Suite, Apt.#,	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired 58.75 Addi	
22		27		L_J Fee Hequir	
City & State		City & State		6. Election Campaign Financing \$5.00 May	
23	Country	28	Country	Trust Fund Contribution L. Added to Fe	
Zip	Country	Zip	Country 30	This corporation has liability for intaing ble tax under s. 199 Florida Statutes Yes No	.032
24	9. Name and Address of Cui	29 29 Agent	30	10. Name and Address of New Registered Agent	
		rem registores Agent	81 Name	10. Hallo alla riagione alla r	
	VA, ROGER				
	EAST 31ST ST.		82 Street A	Address (P.O. Box Number is Not Acceptable)	
HIA	LEAH FL 33013		83		
			<u></u>		
			84 City	Fi 85 Zip Cod	0
office or rec	the provisions of accions 607. gistered agent, or both, in the St familiar with, and accept the ob	ate of Florida. Such change w	as authorized by the corpo	corporation submits this statement for the purpose of changing its reg oration's board of directors. Thereby accept the appointment as regist	ered
S	gnature. Typed or punited name of registered		(NOTE: Registered Agent signature		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PD	DELETE		Change	Addition
NAME	SILVA, ROGER		1 2 NAME		
STREET ADDRESS	577 EAST 31ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33013	T 051516	1 4 CITY - ST - ZIP	Character	Additor
TITLE		DELETE		Crange	Addit on
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	2 4 CITY - ST - ZIP	Change	Addition
TIFLE		[DECENT		t charge t	nug-,mi
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		A al d. 1
		DELETE	4.1 (1) (6	Change	ACUBIRAN
TITLE		DELETE		Changa	Addition
NAME		DELETE	4.2 NAME	Changa	Addition
NAME STREET ADDRESS		DELETE	4.2 NAME 4.3 STRSET ADDRESS	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Change Change Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		Addition

further certify that the information supplied with the single solution is discussed and ones not quality that the information indicated with the single solution indicated with the single solution indicated and that my signature should report or supplemental annual report is true and accurate and that my signature should need to execute this report as required by Crippter 617, Fonda Statutes, and that my name appears in Block 12 or Block 11 or an attachment with an address

SIGNATURE:

ROBER SIZUA - PRESTIDENT OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYP

7/31/41 6W834-8750