SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000042948 (6) MIAMI CONCRETE FINISHERS INC. Mailing Address Principal Place of Business 2080 NW 191 ST 2080 NW 191 ST MIAMI FL 33069 MIAMI FL 33059 3a. Date of Last Report 3. Date Incorporated or Qualified 05/26/1995 Applied For 4. FEI Number 28. Mailing Address 26 らんらい ロ3WAY 2. Principal Place of Business Not Applicable E-650554 SAME 21 \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desireo 4 Suite, Apt Fee Required AME 22 \$5.00 May Be City & Stale SAMO City & State 6. Election Campaign Financing Pures Added to Fees Trust Fund Contribution EMBROKE 23 8. This corporation has liability for intangible tax under s. 199 032 Country BEXUAE Country Zφ _ cs No Florida Statutes 33025 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JACKSON, LORENZO Street Address (P.O. Box Number is Not Acceptable) 82 1319 NW 69 ST **MIAMI FL 33059** 83 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (hOTE Registered Agent signature required when remistating) SIGNATURE Signature Typed or priored for an embragartered agent and timed applicable (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE 1.1 TUE 6 TULE CR2E034 1.2 NAME WILLIAMS, JOHNNEY NAME 13 STREET ADDRESS 2080 NW 191 ST STREET ADDRESS 1 4 CITY - ST - ZIP **MIAMI FL 33059** CITY-ST-ZIP Change Addition DELETE 2.1 TUTLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP Change Addition CITY - ST - ZIF DELETE 3.1 HITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIF Change Addition CITY-S1-ZIP DELFTE 4 I TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5 1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST-ZIP Change Addition CITY - ST - ZIF DELETE 61 TITLE TITLE 6.2 NAM€ NAME 63 STREET ADDRESS STREET ADDRESS with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I has annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Stututes, and changed, or on an attack ment with an address. 64 City SE-7IP CITY-ST-7IP 14. I do hereby certify that the information supplied further certify that the information indicated on made under oath, that I am an officer or effective that my name appears in Block

FICER OR DIRECTOR

0147803

SIGNATURE:

BIGNATURE