

**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 # P95000053170 (3)**

1. Corporation Name

**LAFARGE CENTRAL AMERICA INC.**



Principal Place of Business

Mailing Address

**61 RUE DES BELLES FEUILLES  
75116 PARIS FRANCE**

**61 RUE DES BELLES FEUILLES  
75116 PARIS FRANCE**

2. Principal Place of Business

2a. Mailing Address

**21 TRADE CENTER SOUTH**

**26 TRADE CENTER SOUTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 100 W. Cypress Creek Rd #850**

**27 100 W. Cypress Creek Rd #850**

City & State

City & State

**23 FT. LAUDERDALE, FL**

**28 FT. LAUDERDALE, FL**

Zip

Country

Zip

Country

**24 33309**

**25 BROWARD**

**29 33309**

**30 BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

**81 Name FERNANDO SANTOS**

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

**100 W. Cypress Creek Rd. #850**

**83 TRADE CENTER SOUTH**

**84 City FT. LAUDERDALE**

**FL**

**85 Zip Code 33309**

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 this 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**MAY 2, 1996**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **LIDENA, GILBERT**  
STREET ADDRESS **22 AVENUE DE LA CELLE SAINT-CLOUD**  
CITY-ST-ZIP **92420 VAUCRESSON FRANCE**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SANTOS, FERNANDO**  
STREET ADDRESS **61 RUE JEANM RICHEPIN**  
CITY-ST-ZIP **75116 PARIS FRANCE**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Santos, Fernando**  
2.3 STREET ADDRESS **Point of Americas I - Apt. 1612**  
2.4 CITY-ST-ZIP **2100 South Ocean Lane Ft. Lauderdale, FL 33316**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 18, 1996.**

Date

Daytime Phone #

CR2E034 (12/95)