

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076332 (2)

1. Corporation Name

THE ROMA PRECAST CORP.



Principal Place of Business

13700 N.W. 19TH AVENUE
MIAMI FL 33058

Mailing Address

13700 N.W. 19TH AVENUE
MIAMI FL 33058

2. Principal Place of Business

21 13700 NW 19TH AVE

Suite, Apt. #, etc.

BAY 17.

2a. Mailing Address

26 13700 NW 19TH AVE

Suite, Apt. #, etc.

BAY 17

22 City & State

23 MIAMI FL

24 Zip

25 33054

Country

28 Zip

29 33054

Country

30

9. Name and Address of Current Registered Agent

RODRIGUEZ, MARIO E
13700 N.W. 19TH AVENUE
MIAMI FL 33058

3. Date Incorporated or Qualified
10/05/1995

3a. Date of Last Report

N/A

4. FFL Number

65-061 3764

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

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE:

Signature typed or printed and not required to be signed if the applicable

Officer, Director or Registered Agent is granted when making a statement

DATE

12. OFFICERS AND DIRECTORS

		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	PSD RODRIGUEZ, MARIO E 243 N.W. 57TH AVENUE MIAMI FL 33126	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	VTD MARTINEZ, ANSELMO 1849 N.W. 35TH STREET MIAMI FL 33142	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO E. RODRIGUEZ - PRESIDENT

4/19/96 305-688-7646
Dwight Price

CR2E034 (12/95)