FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000077056 (6)**

1. Corporation Name

PAVE MACHINES, INC.

Principal Place of Business	Mailing Address
~~7155 S.W. 88TH STREET~~ ~~MIAMI FL 33144~~	~~7155 S.W. 88TH STREET~~ ~~MIAMI FL 33144~~

3. Date Incorporated or Qualified: 10/09/1995

3a. Date of Last Report:

4. FEI Number: 65-0655929 ☒ 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

2. Principal Place of Business	2a. Mailing Address
21 782 N.W. 42th. Avenue	26 782 N.W. 42th Avenue
22 Suite, Apt. #, etc. Suite 437	27 Suite, Apt. #, etc. Suite 437
23 City & State Miami, FL 33126	28 City & State Miami Florida
24 Zip 33126 25 Country N/A	29 Zip 33126 30 Country N/A

9. Name and Address of Current Registered Agent

SOLANO, YOLANDA
~~7155 S.W. 88TH STREET~~
~~MIAMI FL 33144~~

10. Name and Address of New Registered Agent

81 Name: YOLANDA SOLANO
82 Street Address (P.O. Box Number is Not Acceptable): 782 N.W. 42th. Avenue
83
84 City: Miami FL 85 Zip Code: 33126

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 name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	DPST ☐ Change ☐ Addition
NAME	SCARZELLA, EDUARDO R	1.2 NAME	SCARZELLA EDUARDO R.
STREET ADDRESS	~~7155 S.W. 88TH STREET~~	1.3 STREET ADDRESS	782 N.W. 42th. Avenue
CITY-ST-ZIP	~~MIAMI FL 33144~~	1.4 CITY-ST-ZIP	Miami Florida 33126
TITLE	V ☐ DELETE	2.1 TITLE	V ☐ Change ☐ Addition
NAME	SCARZELLA, ADRIANA H	2.2 NAME	SCARZELLA ADRIANA H.
STREET ADDRESS	~~7155 S.W. 88TH STREET~~	2.3 STREET ADDRESS	782 N.W. 42th. Avenue
CITY-ST-ZIP	~~MIAMI FL 33144~~	2.4 CITY-ST-ZIP	Miami Florida 33126
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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)(i), 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 added by attachment with an address.

SIGNATURE: _____ EDUARDO R. SCARZELLA, President April 02, 1996. (305) 441-2606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)