## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600002637 (2)

## **DECONCRETE CORPORATION**

Principal Place of Business

Mailing Address

## **FILED** Apr 30 1997 8:00am Secretary of State



| 590 N.W. 123RD AVENUE<br>MIAMI FL 33182 |   |                                      |  |                           | 590 N.W. 123RD AVENUE<br>Miami Fl 33182-1232 |                                     |  |                                     |                  |   |                  |  |                          |                     |                                   |  |
|---|---|--------------------------------------|--|---------------------------|--|-------------------------------------|--|-------------------------------------|------------------|---|------------------|--|--------------------------|---------------------|-----------------------------------|--|
|   |   |                                      |  |                           |  |                                     |  |                                     |                  |   |                  | 3. Date Incorporated or Qualified 01/09/1996                                       | 3a. Da                   | ate of Las          | t Report                          |  |
| 2. Principal Place of Business          |   |                                      |  |                           | 2a. Mailing Address                          |                                     |  |                                     |                  |   |                  | 4. FEI Number  |                          |                     | Applied For                       |  |
| 21                                      |   |                                      |  |                           | 26   |                                     |  |                                     |                  |   |                  | 65-024   | 6112                     |                     | Not Applicable                    |  |
| Suite, Apt. #, etc.                     |   |                                      |  | 27                        | Suite, Apt. #, etc.                          |                                     |  |                                     |                  |   |                  | 5. Certificate of Status Desired Fee Required                                      |                          |                     |                                   |  |
| City & State '\                         |   |                                      |  | 28                        | City & State                                 |                                     |  |                                     |                  | ## 100 ## No                            |                  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |                          |                     |                                   |  |
| Zip                                     | Country   |                                      |  | ļ                         | Zip  |                                     |  | Country                             |                  |   |                  | 8. This corporation has liability for intangible tax under s. 199.032,             |                          |                     |                                   |  |
| 24 25<br>9, Name and Address of Curren  |   |                                      |  |                           | 29 30 30                                     |                                     |  | 30                                  |                  |   |                  | 1  | a Statutes               |                     |                                   |  |
| DAD                                     | AMO, OSC  |                                      | doness of Culter   | ii neg                    | 1916161                                      | waaiii                              |  |                                     | 81               | Name                                    |                  | 10. Name and Address of New A  | agistered                | Ageni               |                                   |  |
|   |   |                                      | T  |                           |  |                                     |  |                                     |                  |   |                  |  |                          |                     |                                   |  |
| 11452 S.W. 41ST ST.<br>Miami FL 33165   |   |                                      |  |                           |  |                                     |  | l l                                 | 82 Street Addre  |   | Addres           | ress (P.O. Box Number is Not Acceptable)   |                          |                     |                                   |  |
| ·                                       | 1 2 55 10   | •                                    |  |                           |  |                                     |  | -                                   | 83               |   |                  |  |                          |                     |                                   |  |
|   |   |                                      |  |                           |  |                                     |  |                                     |                  |   | <del></del>      |  |                          | 1_1-                |                                   |  |
|   |   |                                      |  |                           |  | ,                                   |  | l                                   | 84               | /                                       |                  |  | FL                       |                     | ip Code                           |  |
| 11. Pursuant to office or reagent. I as | lo the provis<br>egi <b>ste</b> red ag<br>m familiar wi | ions o<br>jent, o<br>ith, <b>a</b> n | f Sections 607.060<br>r both, in the State<br>d accept the oblig | 2 and<br>of Flo<br>alions | 607.15<br>rida Su<br>of, Sec                 | 08, Floric<br>ich chan<br>tion 607, | ia Ŝtatutes<br>ge was au<br>0505, Flor | s, the ab<br>thorized<br>ida Statu  | ove<br>by<br>des | e-named<br>the corp<br>s.               | corpo<br>poratio | ration submits this statement for the<br>un's board of directors. I hereby acco    | purpose o<br>ppt the app | changin<br>ointment | g ils registered<br>as registered |  |
| SIGNATURE                               | Signature, typed  | OF DIVID                             | od name of registered age  | ent and to                | de d'apole                                   | able                                | (NOIE                                  | Registered                          | Age:             | ni signature                            | required         | d when reinstating)  | DATE.                    |                     |                                   |  |
| 12.                                     | o grade o type  | <b></b>                              | OFFICERS AN  |                           |  |                                     |  | 13.                                 |                  |   |                  | ADDITIONS/CHANGES TO OFF   |                          | DIRECT              | ORS IN 12                         |  |
| TITLE                                   | D   |                                      |  |                           |  | DE                                  | LETE                                   | 1.1 1(1)                            | l F              |   |                  |  |                          | Chang               | je 🔲 Addition                     |  |
| NAME                                    | PARAMO  |                                      |  |                           |  |                                     |  | 1.2 NAI                             | ME               |   |                  |  |                          |                     |                                   |  |
| STREET ADDRESS                          | 11452 8.  |                                      |  |                           |  |                                     |  | 1.3 STF                             | KET.             | ADDRESS                                 |                  |  |                          |                     |                                   |  |
| CITY-ST-ZIP                             | MAMI FI   | <u>. 331</u>                         | 65   |                           |  |                                     |  | 1.4 CI)                             | Y - S            | 1 - ZIP                                 |                  |  |                          |                     |                                   |  |
| TITLE                                   | D   |                                      | D4 4 4 4 4   |                           |  | ☐ DE                                | LETE                                   | 2.1 101                             | Į F              |   |                  |  |                          | ∐ Chang             | je Addition                       |  |
| NAME                                    | PARAMO, NORMAN  |                                      |  |                           |  |                                     |  | 2.2 NAME                            |                  |   |                  |  |                          |                     |                                   |  |
| STREET ADORESS                          | 590 N.W. 123RD AVENUE<br>MIAMI FL 33182                 |                                      |  |                           |  |                                     |  | 2.3 STREET ACCIDESS 2.4 CITY+ST+ZIP |                  |   |                  |  |                          |                     |                                   |  |
| CITY-ST-ZIP<br>TITLE                    | D   | . 00 1                               | <u> </u>   |                           |  | □ DE                                | LETE                                   | 2. 4 GH                             |                  | 51 · ZIP                                |                  |  |                          | Chang               | ie Addition                       |  |
| NAME                                    | _   | E 7                                  | TODOR  |                           |  |                                     |  | 3.2 NAME                            |                  |   |                  |  |                          |                     | jo                                |  |
| STREET ADDRESS                          |   |                                      | JORGE<br>. 104 CT.   |                           |  |                                     |  |                                     | -                | ADDRESS                                 |                  |  |                          |                     |                                   |  |
| CITY-ST-ZIP                             |   |                                      | 33174  |                           |  |                                     |  | 3.4 CII                             |                  |   |                  |  |                          |                     |                                   |  |
| TITLE                                   | D   |                                      | _ <del></del>  |                           |  | □ DE                                | LETE                                   | 4.1 1(1)                            |                  | - · - <u> · · · · · · · · · · · · ·</u> |                  |  |                          | Chang               | ge 🔲 Addition                     |  |
| NAME                                    | MELVIN PARAMO   |                                      |  |                           |  |                                     |  | 4. 2 NAME                           |                  |   |                  |  |                          |                     |                                   |  |
| STREET ADDRESS                          |   |                                      | 123 AVE  |                           |  |                                     |  | 4.3 S38                             | REE 1            | ADDRESS                                 |                  |  |                          |                     |                                   |  |
| CITY-ST-ZIP                             |   |                                      | -33183   |                           |  |                                     |  | 4.4 CIT                             |                  | T-71P                                   |                  |  |                          |                     |                                   |  |
| TITLE                                   | H. 1J.  |                                      | . 55255  |                           |  | נים (נים                            | t FTE                                  | 5.1 TIT                             | l E              |   |                  |  |                          | Chang               | ge 🔲 Addition                     |  |
| NAME                                    |   |                                      |  |                           |  |                                     |  | 5.2 NAI                             |                  |   |                  |  |                          |                     |                                   |  |
| STREET ADDRESS                          |   |                                      |  |                           |  |                                     |  |                                     |                  | ADDRESS                                 |                  |  |                          |                     |                                   |  |
| CITY-ST-ZIP                             |   |                                      |  |                           |  | DE                                  | : £1C                                  | 5.4 CIT                             |                  | 1 - ZIP                                 |                  |  |                          | Chan                | Addition                          |  |
| TITLE                                   |   |                                      |  |                           |  | LJ UE                               | LEIC                                   | 6.1 1(1)                            |                  |   |                  |  |                          | L_J Chang           | ge L Addition                     |  |
| NAME<br>CTOCCT ADDOCCC                  |   |                                      |  |                           |  |                                     |  | 6.2 NAI                             |                  | ADDRESS                                 |                  |  |                          |                     |                                   |  |
| STREET ADDRESS                          |   |                                      |  |                           |  |                                     | _                                      |                                     |                  | ADDRESS                                 |                  |  |                          |                     |                                   |  |
| 14. I do hereb                          | oy certify tha  | il the i                             | nformation supplie   | d with                    | To≱s filir                                   | ng does r                           | vol qualify                            | 6.4 CII<br>for the 6                |                  |   | Laled i          | in Section 119.07(3)(i), Florida Statut  | es. I furthe             | r certify th        | nat the                           |  |
| informatio                              | n indicated :<br>flicer or dire                         | on this<br>ctor o                    | s annual report or s   | supple<br>the re          | mental<br>Reiver                             | annual r<br>or trusted              | port is true                           | ie and a<br>red to ei               | ccu              | ırale and                               | i that n         | my signature shall have the same log<br>as required by Chapter 607, Florida        | al effect a              | if made             | under oath; tha                   |  |