


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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90214 009 ***150.00

04-27-1999 90214 010 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000002637					
1. Corporation Name DECONCRETE CORPORATION					
Principal Place of Business 4515 SW 75TH AVE MIAMI FL 33155 US			Mailing Address 4515 SW 75TH AVE MIAMI FL 33155 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/09/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0246715	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PARAMO, OSCAR 11452 S.W. 41ST ST. MIAMI FL 33165			10. Name and Address of New Registered Agent 81 Name PARAMO, NORMAN 82 Street Address (P.O. Box; Number is Not Acceptable) 971 S.W 98 AVE 83 84 City PEMBROKE PINES FL 85 Zip Code 33025		
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: PARAMO, NORMAN 4-19-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOT a Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input checked="" type="checkbox"/> DELETE NAME PARAMO, OSCAR STREET ADDRESS 11452 S.W. 41ST ST. CITY-ST-ZIP MIAMI FL 33165			1.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME PARAMO, NORMAN 1.3 STREET ADDRESS 971 S.W 98 AVE 1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33025 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D <input type="checkbox"/> DELETE NAME PARAMO, NORMAN STREET ADDRESS 971 SW 98TH AVE CITY-ST-ZIP PEMBROKE PINES FL 33025			2.1 TITLE D 2.2 NAME PARAMO, CHRISTIAN 2.3 STREET ADDRESS 13702 KENDALE LAKES DR 2.4 CITY-ST-ZIP MIAMI, FL. 33183 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D <input type="checkbox"/> DELETE NAME BENITEZ, JORGE STREET ADDRESS 1131 SW 104TH CT CITY-ST-ZIP MIAMI FL			3.1 TITLE D 3.2 NAME PARAMO, MELVIN 3.3 STREET ADDRESS 13702 KENDALE LAKES DR 3.4 CITY-ST-ZIP MIAMI, FL. 33183 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D <input type="checkbox"/> DELETE NAME PARAMO, MELVIN STREET ADDRESS 13702 KENDALE LAKES DR CITY-ST-ZIP MIAMI FL 33183			4.1 TITLE D 4.2 NAME BENITEZ, JORGE 4.3 STREET ADDRESS 1131 S.W 104 CT 4.4 CITY-ST-ZIP MIAMI, FLORIDA. 33174 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

PARAMO, NORMAN

4-19-99

(305) 226-6319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0226524