PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000006901

1. Corporation Name

THE BIG BROTHERS CONCRETE & PUMPING INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90095 034 ***150.00



Principal Place of Business Mailing Address					
4520 S.W. 98TH AVENUE MIAMI FL 33165		4520 S.W. 98TH AVENUE MIAMI FL 33165			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					01/23/1996
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0634665 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Security Fee Required
22		27			ree Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	<u> </u>	Country	у	8. This corporation owes the current year Intangible Personal Property Tay □ Yes □ No
24	25	29 30			Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Agent
CAN	S DOLANDO ID		0		
SANS, ROLANDO JR 4520 S.W. 98TH AVENUE			82	Street 'A	Address (P.O. Box Number is Not Acceptable)
	AL FL 33165		83	3	
					85 Zip Code
			84	1 City	FL 85 Zip Code
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation	of Florida. Such change was authoritions of, Section 607.0505, Florida	Statute	s.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SANS, ROLANDO JR		1.2 NAME		
STREET ADDRESS	4520 S.W. 98TH AVENUE		1.3 STREI	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-		☐ Change ☐ Addition
TITLE	VD	☐ DELETE	2.1 TITLE		
NAME	SANS, REINALDO		2.2 NAME		
STREET ADDRESS	4520 SW 98TH AVE			ET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	☐ DELETE	2. 4 CITY-		☐ Change ☐ Addition
TITLE		□ beceite	3.2 NAME		· ·
NAME				ET ADDRESS	
STREET ADDRESS			3.4. CITY		1 mary com
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	E	·
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-		☐ Change ☐ Addition
TITLE		□ ĐELETE	5.1 TITLE	1	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.4 CITY-	ET ADDRESS	
CITY-ST-ZIP		□ DELETE	6.1 TITLE		Change Addition
TITLE	•	E DECETE	6.2 NAME	1	
NAME			ŀ	ET ADDRESS	
STREET ADDRESS			ŀ		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 chapted, or on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR