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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P96000017065

JIMENEZ CONCRETE BLOCK INC.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90067 026 ***150.00



Principal Plac	e of Business	Mailing Address			===		
1182 NW 9 ST		1182 NW 9 ST					
HOMESTEAD FL 33030		HOMESTEAD FL 33030	HOMESTEAD FL 33030		OT WRITE IN THIS	S SPACE	
				3. Date Incorporated or			
				02/21/1996			
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number		A	pplied For
21		26	26				lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0643865 5. Certificate of Status D	esired		Additional
22		27					Required
City & State		City & State	<u>⊢</u> '		nancing .		May Be
Zin Country			Zip Country				I IO FEES
Zip	Country	29 30	, '	8. This corporation owes Personal Property Ta	•	Yes	□No
24	9. Name and Address of Cu			10. Name and Address			
	U. Halife and Address of Ot		81 N	me			
JIMENEZ, RAUL			82 Street Ad		t Acceptable)		
1182 NW 9 ST			02 5	reet Address (P.O. Box Number is No	i Acceptable)	<i>:</i>	
МОН	MESTEAD FL 33030		83	<u> </u>			
	ł 1		84 C	у		85 Zip	Code
		7.0502 and 607.1508, Florida Statutes, t	the ab-	med corneration gulbraite this at-ta-as-	ot for the purposes of	<u> </u>	s registered
office or I	registered agent or both in the S	7.0502 and 607.1508, Florida Statutes, i State of Florida. Such change was author foligations of, Section 607.0505, Florida	orized by the	corporation's board of directors. I here	eby acceptine appl	ointment as r	egistered
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable. (NOTE: Reg	istered Agent sign	sture required when reinstating)	3/31/1		
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGE	S TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	JIMINEZ, RAUL		1.2 NAME				
STREET ADDRESS	I .		1.3 STREET ADD	RESS			
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP			[70}	- Addition
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADD	RESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIF			Change	Addition
_TTLE		DELETE -	3.1 TITLE	· .	*	Change	
NAME			3.2 NAME	2500			
STREET ADDRESS	1		3.3 STREET ADD	(E20)			
CITY-ST-ZIP	<u> </u>	[] DELETE	3.4. CITY-ST-ZII 4.1 TITLE			Change	Addition
TITLE	1	C DELETE	4.1 HILE 4.2 NAME				
NAME	:		4.2 NAME 4.3 STREET ADD	DESC.			
STREET ADDRESS	·\			VE 30			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.4 CITY-ST-ZIF 5.1 TITLE			Change	Addition
TITLE	1	- October	5.2 NAME				_
NAME			5.3 STREET ADD	RESS			
STREET ADDRESS			U.S. O. INC. I ADL				
CITY-ST-ZIP	1		54 CITY-ST-712				
TITLE	1	□ DELETE	5.4 CITY-ST-ZIP			[] Change	Addition
****	;	☐ DELETE	6.1 TITLE		<u>~</u>	Change	e ☐ Addition
NAME		☐ DELETE	6.1 TITLE 6.2 NAME	10		Change	e Addition
NAME STREET ADDRESS		☐ DELETE	6.1 TITLE	10		Change	e

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 changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #