## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name J&J CONCRETE, INC. P96000093090 (4)

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



Principal Place	of Business	Mailing Address				ALIBAL (SA 1811A BILLA BI	liet <b>an</b> iki <b>an</b> it	i govin falgg	KUNI BENIE IB	HA BEH INN	
2036 NE 2ND TER 2036 NE 2ND TER POMPANO BEACH FL 33060 POMPANO BEACH FL 33060											
·						DO NOT WRITE  3. Date Incorporated or Qualified			IN THIS SPACE  3a. Date of Last Report		
				<u></u>		08/1996	Jualified	Sa. Date	9 Of Last F	report	
2. Principal Pl 21 2030	ace of Business  ONE 2 TEXY	2a. Mailing Address	$\mathcal{E}_{i}$	ater	Y 4. FEI N	Jumber 5-0704	763		— <del>— —</del>	pplied For ot Applicable	
Suite, Apt.	2 B	Chi i		ficate of Status De			· · · · ·	Additional equired			
City & State 23 3 3 0			· ·	ion Campaign Fln Fund Contribution	~		•	May Be to Fees			
Zip	Country	28 3 73 0 G O	Country	у	8. This	corporation owes	or has pair	d the curre			
24 25 29 30						onal Property Tax	•			□No	
	9. Name and Address of Current i	Registered Agent	81		10. Nam	e and Address o	New Reg	istered A	gent		
	Ber, Stuart		TOSE BALLESTEROS								
203	82	Street Ad	<b>056</b> dress (P.O. Bo	ox Number is Not	Acceptabl	2 <u> </u>					
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			84		mpan	O BEACH	C	FL		Code 3060	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named co	rporation subr	mils this statemen	t for the pu				
office or re	to the provisions of Sections 607.0502 and segment, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	norized b la Statute	y the corpor s	ation's board	of directors. I here	aby accept	the appo	intment as	registered	
SIGNATURE	, <i>-4</i>		ia Giaiaio	0.						i	
SIGNATUREZ	Signature, typed or printed name or registered agent a	and title if applicable (NOTE: Re	egistered Ag	ent signature req	juired when reinstati	ing)		DATE			
12.	OFFICERS AND I		13.		ADDIT	IONS/CHANGES	TO OFFICE				
TITLE	D	☐ DELETE	1.1 TITLE					į	Change	Addition :	
NAME	BALLESTEROS, JOSE		1.2 NAME								
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NAME			6.2 NAME	-							
STREET ADDRESS			6.3 STREET	T ADDRESS							
CITY-ST-ZIP			6.4 CITY-5								
	y certify that the information supplied v	with this filing does not qualify for			ed in Section 1	119.07(3)(i), Floric	ia 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 13 if maded, or on an attachment with an address