


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

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000094902 (9)					
1. Corporation Name GONZALEZ PAVERS, INC.					
Principal Place of Business 200 PARIS DRIVE #207D PALM SPRINGS FL 33481			Mailing Address 200 PARIS DRIVE #207D PALM SPRINGS FL 33481-1018		
2. Principal Place of Business 21 2404 N.E. 3rd Street Suite, Apt. #, etc. 22 City & State 23 Boynton Beach, FL Zip 24 33435 County 25 USA			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		
9. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. #211 PALM BEACH GARDENS FL 33418			3. Date Incorporated or Qualified 11/19/1996		
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			3a. Date of Last Report 4. FEI Number 65-0712773 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D GONZALEZ, JUANITA 200 PARIS DRIVE #207D PALM SPRINGS FL 33481			1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D/N GONZALEZ, JUANITA 2404 N.E. 3rd Street BOYNTON BEACH, FL 33436		
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D/P GONZALEZ, EDMUNDO 2404 N.E. 3rd Street BOYNTON BEACH, FL 33435			2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D/P GONZALEZ, EDMUNDO 2404 N.E. 3rd Street BOYNTON BEACH, FL 33435		
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
7.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			7.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
8.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			8.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
14. I do 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.					
SIGNATURE: Juanita Gonzalez			4-4-96 561-733-9023		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (9/96)