

PROFIT CORPORATION. **ANNUAL REPORT**



FLORIDA DEPART

Secretary of State DIVISION OF COPPORATIONS

DOCUMENT # P 9700000 2026. 618te stoiMP concrete corp.

FILED Jul 14 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		-	
·	-			
4781 NW 4 terr. terr. miami, Fl. 33126.			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
21 Pringeri , Trave	26 56	ame.	605-0752562	Not Applicable
Suite, Apt. #, etc. /	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Ζip	Country	8. This corporation owes or has paid the curre	~
24 25 9. Name and Address of Current	29	30		Yes No
		81 Name	10. Name and Address of New Registered A	gent
Gamboa JAPR	<i>?(</i>)			
		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
4 181 NO 4801.		83		
4781 NW 48er. miam. pl 33126	•	84 City		85 Zip Code
			FL	
 Pursuant to the provisions of Socions 607.0502 office or registered agent, or buth, in the State of 	rand 607.1508, Florida Statut of Florida Such change was r	es, the above-named corp authorized by the corpora	poration submits this statement for the purpose of a tion's board of directors. Thereby, accept the apportunity	changing its registered introduced
agent. I am familiar with, and a cept the obligat	tions of, Section 607.0505, Flo	orida Statutes.	tion's board of directors. I hereby accept the appo	0
SIGNATURE States, wheel or printed name of registered agent	I and the if postcable //NOT	E: Registered Agent signature requi	ired when reinstating) DATE	<u>. </u>
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE Despoent.	2 DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS TAIRO GOIM	boa.	1.2 NAME		
STREET ADDRESS	ellish	1.3 STREET ADDRESS		
CITY-ST-ZIP 18	33100.	1.4 CHY-ST-ZIP		100
NAME WE AMI	☐ DELETE	2.1 TITLE	L	Change Addition
STREET ADDRESS		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TiTLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	L	Change Addition
NAME STREET ADDRESS		4. 2 NAME		
STREET ADDRESS DITY-ST-ZIP		4.3 STREET ADDRESS 4.4 City-St-Zip		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME	—	5.2 NAME	•	
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	-	5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME	2000025897 1 -07/15/9801058010	50
STREET ADDRESS		6.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP	h thing the does not as all to	6.4 CiTY-ST-ZIP		7 1 1 1 1 1 1 1
14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the recoil Block 12 or Block 13 if changed, or on an attact	anipular report is true and acc ver or trustee empowered to committee with an address.	or trie exemption stated in surate and that my signatu execute this report as req	Section 119 07(3)(i), Florida Statutes, I further cert irre shall have the same legal effect as if made unduring yired by Chapter 607, Florida Statutes; and that my	iy that the information or oath; that I am an name appears in