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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90132 050 ***158.75

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1. Corporation Name

METRO MIX OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

00. N.W. 110th AVENUE
MIAMI, FLORIDA 33172

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
FEBRUARY 21, 1997

2. Principal Place of Business

2a. Mailing Address

21. SAME AS ABOVE

26. SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22.

27.

City & State

City & State

23.

28.

Zip

Country

Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES, INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE, FLORIDA 32311

81. Name
NO CHANGE

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

I, the undersigned, 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 agent 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

TITLE D/T
NAME MARTIN OZINGA, III
STREET ADDRESS 12621 W. HADLEY ROAD
CITY-ST-ZIP LOCKPORT, ILLINOIS 60441

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

TITLE D/S
NAME RICHARD K. OZINGA
STREET ADDRESS 14319 BLUE SPRUCE COURT
CITY-ST-ZIP ORLAND PARK, ILLINOIS 60462

15. TITLE
16. NAME
17. STREET ADDRESS
18. CITY-ST-ZIP

TITLE D
NAME JAMES A. OZINGA
STREET ADDRESS 8139 ELIZABETH AVENUE
CITY-ST-ZIP ORLAND PARK, ILLINOIS 60462

19. TITLE
20. NAME
21. STREET ADDRESS
22. CITY-ST-ZIP

TITLE D/P
NAME JOSE F. DIAZ
STREET ADDRESS 3425 S.W. 128th AVENUE
CITY-ST-ZIP MIAMI, FLORIDA 33175

23. TITLE
24. NAME
25. STREET ADDRESS
26. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

27. TITLE
28. NAME
29. STREET ADDRESS
30. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

1/12/99 (305) 436-9177