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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

May 11 1998 8:00am

Secretary of State

DOCUMENT # P97000042937 (7)

ASPHALT CARE COMPANY, INC.

Principal Place of Business Mailing Address 11302 SW 174 TERRACE 11302 SW 174 TERRACE MIAMI FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1997 4. FEI Number 2. Principal Place of Business Applied For 65-0245365 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PYLES, RICHARD B 20343 OLD CUTLER ROAD Street Andress (P.O. Box Number is Not Acceptable) **MIAMI FL 33189** 83 Zip Code 84 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. Lam family with, and accept the obligations of, Section 607.0505, Florida Statutes. 4-30 - 98 Tres **SIGNATURE** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition 1.1 TITLE TITLE 1.2 NAME CEO Ana Maria Bucheger $N_{\mathcal{O}}$ NAME 1.3 STREET ADDRESS STREET ADDRESS Same as above or below 1.4 CHY-ST-ZIP CITY-ST-ZIP Change Addition 2.1 TITLE TITLE 2.2 NAME Same NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami 2.4 CITY-ST-ZIP ice President Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME neapry A. Skeen 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition Change 4 1 TITLE TITLE Alberto 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 11302 S.W. 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition | DELETE TITLE 6.1 TITLE 6.2 NAME NAME

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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP