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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90067 007 ***150.00

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PABLO PAVING CORP. Principal Place of Business Mailing Address 960 E 20 STREET 960 E 20 STREET HIALEAH FL 33013 HIALEAH FL 33013 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes ☐ No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registeres FERNANDEZ, PABLO 81 Name 960 E 20 STREET Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33013 83 City Zip Code 85 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 of agent. I am to state of Florida, Such change was authorized by the corporation's board of directors/I hereby accept the appointment as registered agent. I am to state of Florida Statutes. SIGNATURE Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change NAME FERNANDEZ, PABLO 1.2 NAME STREET ADDRESS 960 E 20 STREET 1.3 STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE SD DELETE 2.1 TITLE Change Addition FERNANDEZ, PABLO JR 2.2 NAME STREET ADDRESS 861 E 41 STREET 2.3 STREET ADDRESS HIALEAH FL 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 Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE L 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 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF