Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90105 027 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000075336

	n Name			•		
CONCRE	ETE CASTINGS CORP.					_
		6.8-11: A.J				
Principal Place		Mailing Address				
7025 NE 2ND AVE 7025 NE 2ND AVE MIAMI FL 33138 MIAMI FL 33138						
	•			DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualifed		}
2 Principal D	lace of Business	2a. Mailing Address	<del>.</del>	08/29/1997 4. FEI Number	TAnn	lied For
21 Philiopai Pi	lace of business	26		65-0786223	·   -	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Ac	
22		27		5. Certificate of Status Desired	Fee Req	uired
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 N	-
23		28	Caustai	Trust Fund Contribution	. Added to	Fees
Zip	Country 25	Zip 29 3	Country 30	This corporation owes the current year Ir     Personal Property Tax.		□No
24	9. Name and Address of Curre		, , , , , , , , , , , , , , , , , , ,	10. Name and Address of New Registered		
			81 Name			
	lstein, arnold esq		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	1 S UNIVERSITY DRIVE		Gudar Aud			
DAV	1E FL 33328		83			,
			84 City		85 Zip Co	
			1 1	FI	L     + >	• • • • • • • •
			4		of changing its s	ogistored
office or r	registered agent, or both, in the State	e of Florida. Such change was aut	thorized by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	of changing its regi	egistered istered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was aut	thorized by the corporat	poration submits this statement for the purpose of	of changing its no ointment as regi	egistered istered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP