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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000076692

1 Corporation Name

CONSTRUCTION & AGGREGATES MACHINERY EN ESPANOL.

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90015 003 ***158.75

CORP. Principal Place of Business Mailing Address 5600 SW 135TH AVE., SUITE 107 5600 SW 135TH AVE., SUITE 107 MIAMI FL 33183-5135 MIAMI FL 33183-5135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/02/1997 Applied For Principal Place of Business Mailing Address FEI Number 2a. 65-0503108 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State **Election Campaign Financing** \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country This corporation owes the current year Intangible **1246** 25 30 Personal Property Tax. ☐ Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ESTEVEZ, GERARDO 82 Street Address (P.O. Box Number is Not Acceptable) 305 SW 181 WAY PEMBROKE PINES FL 33029 83 二級 門 直角 84 85 Zip Code City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE ☐ Change 1.1 TITLE TITLE ESTEVEZ, GERARDO 1.2 NAME NAME 305 SW 181 WAY 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 2.1 TITLE Change ☐ Addition TITLE ESTEVEZ. SANDRA L 2.2 NAME NAME 305 SW 181 WAY 2.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE **VP** 3.1 TITLE ALEMAN, MARTHA E 3.2 NAME NAME 305 SW 181ST WAY STREET ADDRESS 3.3 STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE TIME 4.1 TTLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 61 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 these 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 attention with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)