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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #1. Corporation Name P97000106822 (4)

C & A CONCRETE FORMING, INC.

Principal Place of Business	Mailing Address		
1313 PONCE DE LEON BLVD. #300 CORAL GABLES FL 33134	1313 PONCE DE LEON BLVD. #300 CORAL GABLES FL 33134	DO NOT WE	
		3. Date Incorporated or Qualifite 12/19/1997	
Principal Place of Business 1	2a. Mailing Address 26	4. FEI Number 45 - 0803	
Suite, Apt. #, etc.	Suito, Apt. #, etc.	5. Certificate of Status Desired	

FILED Apr 27 1998 8:00am Secretary of State



							DO NOT WHITE IN THIS SPACE
ļ							3. Date Incorporated or Qualified
							12/19/1997
	Place of Business	24	. Mailing Address				4. FEI Number Applied For
21	_	26					45 - 080 39// Not Applicable
Suite, Apt.	#, etc.		Suito, Apt. #, etc.				. 60.75
22		27					5. Certificate of Status Desired Fee Required
City & Stat	le		City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Žip	Country		Ζφ	C	ountry	,	8. This corporation owes or has paid the current year Intangible
24	25	29		30			Personal Property Tex due June 30. Yes No
	9. Name and Address of Curre	ent Regi	etered Agent				10. Name and Address of New Registered Agent
Pr/	VERO, MANUEL				81	Nam	ne
	13 PONCE DE LEON BLVD. #3	ሰበ					
	ORAL GABLES FL 33134				82 Street Addr		eet Address (P.O. Box Number is Not Acceptable)
1	DIVIL CADELO I E 33 134						
						L	·
ŀ					84	City	85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	:02 and 6	CO7 1500 Florido Ctat.	itan tha			
office or r	registered agent, or both, in the Stat	le of Flori	ida. Such change was	authoriz	ed by	y the co	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the obli	gations o	of, Section 607.0505, F	lorida St	tatutes	ŝ.	•
SIGNATURE	Signature, typed or printed name of registered a			***			
12.	OFFICERS A			13		int signat	ature required when reinstating) DATE ACCULTIONS COMMANDED TO OFFICERS AND PURPORTORS IN 10
TITLE	D OF ICEAS A	ND DINE	DELETE		TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	SAN MARTIN, JUAN P						L stange L Addition
1	1313 PONCE DE LEON BLV	m #00	•		NAME		
STREET ADDRESS	CORAL GABLES FL 33134	D. #300	y			ADDRESS	SS
CITY+ST-ZIP TITLE	CONAL GABLES PL 33134		DELETE	_	CITY-S	J-ZIP	
l			L DECENE		TOTLE		Change Addition
NAME					NAME		
STREET ADDRESS	=			2.3	STREET	ADDRESS	is
CITY-ST-ZIP					CITY-S	ST-ZIP	
TITLE			DELETE	3.1	TITLE		☐ Change ☐ Addition
NAME				3.2	NAME		
STREET ADDRESS				3.3	STREET	ADDRESS	is
CITY-ST-ZIP				3.4.	CITY-S	ST-ZIP	
TITLE			☐ DELETE	4.1	TITLE		Change Addition
NAME				4.2	NAME		
STREET ADDRESS				43	STREET	ADDRESS	is
CITY-ST-ZIP				4.4	CITY-S	T-ZIP	
TITLE			☐ DELETE		TITLE		Change Addition
NAME				5.2	NAME		
STREET ADDRESS	•			5.3	STREET	ADDRESS	ss
CITY-ST-ZIP					CITY-S'		·
TITLE			DELETE		TITLE		☐ Change ☐ Addition
NAME			<u> </u>		NAME		Crange Distribut
STREET ADORESS						ADDOCCO	
City-SI-7IP						ADDRESS	»
LOY-SI-ZIP	•			■ 641	CITY - \$1	1 - 7iP	i i

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 comporation or the receiver or mostly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in