PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENTAGE STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90118 003 ***150.00

DOCUMENT # P98000036557

STAMP (CONCRETE SERVICES, INC.						
Principal Place	e of Business	Mailing Address			I 12011031 sie idibt still Optiv peril galik d	MIDA CESTA PIEDI	itimi Abres sues endi
13874 SW 25 T MIAMI FL 33175	ERRACE	13874 SW 25 TERRACE MIAMI FL 33175			DO NOT WRITE IN T	'HIS SPACE	
				•	3. Date incorporated or Qualifed 04/22/1998		
2 2 2 2 2 2	Land Divisions	2a. Mailing Address		_	4 FEI Number		Applied For
2. Principal P	lace of Business	26			65-08 308	324	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	¥	5 Additional Required
City & Stat	8	City & State			8. Election Campaign Financing	\$5.	00. May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country :	Ζiρ	Country	,	s. This corporation owes the current year		—
24	25	29 30)		Personal Property Tax.	☐ Yes	□N ₀
	9. Name and Address of Current	Registered Agent		, .	10. Name and Address of New Registe	red Agent	
GUTIERREZ, FABRICIO J			81				
13874 SW 25 TERRACE					ddress (P.O. Box Number is Not Acceptable)		
MUAN	Al FL 33175		83			······································	th Code
			84			FLI	Dip Code
11. Pursuant office or r agent. I a					orporation submits this statement for the purpos ation's board of directors. I hereby accept the a		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE R	sgistered Age		puired when reinstating) OAT(!	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE R				!	TORS IN 12
SIGNATURE 12. TITLE	Signature, typed or protect name of registered agent OFFICERS AND	t and title if applicable. (NOTE: Ro D DIRECTORS	gistered Age	int aignature req	puired when reinstating) OAT(E AND DIREC	CTORS (N 12
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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 carlify 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.

SIGNATURE:

