


**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90022 039 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000098818**
 1. Corporation Name  
**FLOWCRETE, INC.**


Principal Place of Business 14448 N.W. 88TH COURT MIAMI FL 33018	Mailing Address 14448 N.W. 88TH COURT MIAMI FL 33018
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7880 W. 20 Ave #40 Suite, Apt. #, etc. 22 #40 City & State 23 Hialeah FL Zip Country 24 33016 25 U.S.		2a. Mailing Address 26 7880 W 20 Ave #40 Suite, Apt. #, etc. 27 #40 City & State 28 Hialeah FL Zip Country 29 33016 30 U.S.		3. Date Incorporated or Qualified 11/24/1998 4. FEI Number 65-0884458 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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## 9. Name and Address of Current Registered Agent

 PELLEYA, JOSE L ESQ.  
 100 N.W. 37TH AVE.  
 SUITE 500  
 MIAMI FL 33125

## 10. Name and Address of New Registered Agent

81 Name	Ana Rosales
82 Street Address (P.O. Box Number is Not Acceptable)	7231 S.W 141 Avenue
83	
84 City	Miami FL
85 Zip Code	33183

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

 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
 Ann Rosales (Ann Rosales) May 27, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, EUGENIO	1.2 NAME	
STREET ADDRESS	14448 N.W. 88TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33018	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Enrique Gordillo	2.2 NAME	
STREET ADDRESS	5391 W 20TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, FL, 33016	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 EUGENIO Fernandez 04/26/99 (305) 648-2300

CR2E034 (1/98)