Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90016 017 ***150.00

1999 DOCUMENT # P98000099213 1. Corporation Name GONZALEZ CONCRETE PUMPING INC. Mailing Address Principal Place of Business 7885 S.W. 17TH TERRACE 7885 S.W. 17TH TERRACE MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/25/1998 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing 28 Trust Fund Contribution 23 Country Zip Country This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 9. Name and Address of Current Registered Agent

GONZALEZ, ISNALDO 7885 S.W. 17TH TERRACE **MIAMI FL 33155**

l _	jent		_						
81	Name								
82	Street Address (P.O. Box Number is Not Acceptable)								
83	· .								
84	City	85	Zip Code						

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.

agent. I am familiar with and accept the enigenesis of, seemen or tweet, i contact of										
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: I	Registered Agent signature require	ed when reinstating) DATE						
12. OFFICERS AND DIRECTORS			13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PTD	☐ DELETE	1.1 TITLE	Change	Addition					
NAME	GONALEZ, ISNALDO		1.2 NAME							
STREET ADDRESS	7885 S.W. 17TH TERRACE		1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP							
TITLE	,	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition					
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS	•						
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	<u> </u>						
TITLE		☐ DELETE	3.1 TITLE	∵ Change	☐ Addition					
NAME			3.2 NAME		Ì					
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP	<u>-</u>		3.4. CITY+ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE	Change	☐ Addition					
NAME	,		4. 2 NAME		J					
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>					
TITLE		☐ DELETE	5.1 ITILE	☐ Change	☐ Addition					
NAME			5.2 NAME	•						
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition					
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS		1					
CITY-ST-ZIP			6.4 CITY-ST-ZIP							

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 ss, with all other like empowered. Block 12 or Block 13 if changed, or on an attachment with as

SIGNATURE:

APR 0 5 1999