SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 AUG 23 PM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #508905

1. Corporation Name: AMERICAN PAVERS INC.

Principal Place of Business / Mailing Address:
3300 NW 27 AV.
POMPANO BEACH FL. 33069

3. Date Incorporated or Qualified: 10/26/1990
3a. Date of Last Report: 04-25-96

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0284443 — Applied For [ ] FEI Applied For
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
MARINELLI, JOHN P.
2161 PALM BEACH LAKES BLD.
SUITE 204 WEST PALM BEACH
FL. 33409-6611

10. Name and Address of New Registered Agent
81 Name: BRITO, JOSEPH S.
82 Street Address (P.O. Box Numbers Not Acceptable): 3300 NW 27 AV.
83
84 City: POMPANO BEACH FL 85 Zip Code: 33069

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 duties and responsibilities of Section 607.0505, Florida Statutes.

SIGNATURE: JOSEPH S. BRITO — 08-21-96

12. OFFICERS AND DIRECTORS

TITLE	PV
NAME	BRITO JOSEPH S.
STREET ADDRESS	3300 NW 27TH AV
CITY, ST, ZIP	POMPANO BEACH 33069
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (LIST)

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

$ Dep 08/23/96 0105002 $200.00

CR2E034 (3/96)

14. I do hereby certify that the information shown herein is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this 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 Florida Statutes; and that I am aware and understand the penalties for making false statements in filings with the State of Florida.

SIGNATURE: JOSEPH S. BRITO 08-21-96-954-610-6953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR