

ANNUAL REPORT 1995		Division of State CORPORATION OF CORPORATIONS		95 APR 21 PM 3:05	
DOCUMENT # S72307 (9)				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name FIBROCEMENTO, INC.					
Principal Place of Business 290 ALHAMBRA CIRCLE SUITE 309 CORAL GABLES FL 33134		Mailing Address 290 ALHAMBRA CIRCLE SUITE 309 CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1991	
21		26		3a. Date of Last Report 04/29/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0265184	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RODRIGUEZ, HILDA A. 290 ALHAMBRA CIRCLE SUITE 309 CORAL GABLES FL 33134				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		☐ Change ☒ Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP		33172			
2.1 TITLE		☐ Change ☒ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP		33177			
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		☐ Change ☐ Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.					
SIGNATURE: <u>Hilda A. Rodriguez</u> HILDA A. RODRIGUEZ 4-18-95 (305) 446-2210					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)					