

FILED
May 27, 2002 8:00 am
Secretary of State

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

05-27-2002 90436 033 ***150.00

DOCUMENT # **P01000047977**
 1. Entity Name
DOT CONSTRUCTION, INC.

001410

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| | |
|--|--|
| 2. Principal Place of Business 9311 SW 52nd Terrace Suite, Apt. #, etc. | 3. Mailing Address 9311 SW 52nd Terrace Suite, Apt. #, etc. |
|--|--|

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| | |
|---------------------------------------|---------------------------------------|
| City & State Miami, Florida | City & State Miami, Florida |
| Zip 33165 | Zip 33165 |
| Country USA | Country USA |

| | | |
|------------------------------------|---|---|
| 4. FEI Number 65-1104592 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
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| | |
|--|-----------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name CMS INTERNATIONAL ENTERPRISES, INC. | |
| Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Road | |
| Suite 400 | |
| City Coral Gables | FL Zip Code 33134 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

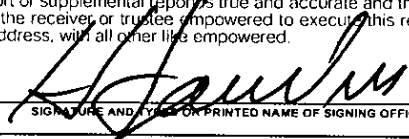
| | | |
|---|--|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|

| 11. OFFICERS AND DIRECTORS | | | |
|----------------------------|-----------------------------|----------------|--|
| TITLE DPST | SAMLUT, Hector | TITLE | |
| NAME | 9311 SW 52nd Terrace | NAME | |
| STREET ADDRESS | Miami, FL 33165 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |

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CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Hector Samlut, President, 4-25-02 (305)461-9518**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #