FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # G39929 (6)

1. Corporation Name
RILEA CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
848 BRICKELL AVENUE SUITE 1010 MIAMI FL 33131 US	858 BRICKELL AVENUE SUITE 1010 MIAMI FL 33131 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

3. Date Incorporated or Qualified: **05/20/1983**
3a. Date of Last Report: **08/15/1994**
4. FEI Number: **59-2294991** ☐ Applied For ☐ Not Applicable
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. [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CEVALLOS, GUSTAVO
848 BRICKELL AVENUE
SUITE 10101
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DP~~
NAME ~~CUTILLAS,CARLOS~~
STREET ADDRESS ~~CALLE O'DONNELL 34~~
CITY-ST-ZIP ~~MADRID,SPAIN~~

TITLE V
NAME OJEDA,ALAN
STREET ADDRESS 848 BRICKELL AVENUE, STE. 1010
CITY-ST-ZIP MIAMI FL

TITLE ~~ST~~
NAME ~~FREED,OWEN S.~~
STREET ADDRESS ~~150 W. FLAGLER ST.#2200~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE AS
NAME CASTRO, MARIA
STREET ADDRESS 848 BRICKELL AVENUE, STE. 1010
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
1. NAME
1. STREET ADDRESS
1. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. 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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95
DATE