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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600064189 (9)

CALYPSO CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address POST OFFICE BOX 110239 115 S.E. SECOND STREET SECOND FLOOR MIAMI FL 33111-0239 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 07/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0742965 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Žφ Country Ζp Country 8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes 🔣 No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KANZIGER, ROBERT A ESQ. **6401 S.W. 87TH AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 200** 83 MIAM! FL 33173 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, rypicition printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change \_\_\_ Addition THLE 1.1 TITLE CONSTANTINO, TEODORO 1.2 NAME NAME 115 S.E. SECOND STREET, SECOND FLOOR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33131 1.4 CITY-ST-ZIP C/TY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE CONSTANTINO, ALICIA 2.2 NAME NAM: 115 S.E. SECOND STREET, SECOND FLOOR STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33131 2. 4 CITY-ST-ZIP CHY-S1-ZIP DELETE X Addition Change TITLE 3.1 TITLE 3.2 NAME NAME **Carlos Govantes** 115 S.E. Second Street, Second F1 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Miami, FL 33131 CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP 4.4.CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition TIFLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. If do 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 receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13 if c

STREET ADDRESS

AUTS V.P. 4-8-97 (305) 371-2116

**FILED** 

May 12 1997 8:00am

Secretary of State