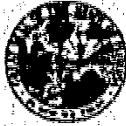


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL -7 AM 8:54

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # 675736

(3)

1. Corporation Name

HABITAT 1 CONSTRUCTION CORP.

Principal Place of Business

**1581 BRICKELL AVENUE, SUITE 1208
MIAMI FL 33129**

Mailing Address

**1581 BRICKELL AVENUE, SUITE 1208
MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/11/1980

3a. Date of Last Report

07/14/1994

4. FEI Number

59-2064970

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. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 4960 SW 52 ST

2a. Mailing Address

26 4960 SW 52 ST

Suite, Apt. #, etc.

22 # 415

Suite, Apt. #, etc.

27 # 415

City & State

23 DAVIE, FL

City & State

28 DAVIE, FL

Zip

24 3331A

Country

25 USA

Zip

29 3331A

Country

30 USA

9. Name and Address of Current Registered Agent

**MCCLYMONDS, ROBERT C.
7900 RED ROAD, SUITE 25
S. MIAMI FL 33143**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S**
NAME **RUMENOF, MILOR**
STREET ADDRESS **APARTDO POSTAL N 76845**
CITY - ST - ZIP **CARACAS, VENEZUELA**

TITLE **PD**
NAME **KOKIN, TODOR**
STREET ADDRESS **APARTADO POSTAL N 76845**
CITY - ST - ZIP **CARACAS, VENEZUELA**

TITLE **VS**
NAME **KOKIN, ALEJANDRO**
STREET ADDRESS **1581 BRICKELL AVENUE**
CITY - ST - ZIP **MIAMI FL**

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 IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(g), 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 on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/95 (305) 792-6133
Date (Type/print Name)