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

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	Mailing Address
1581 BRICKELL AVENUE. SUITE 1208 MIAMI FL 33129	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

2. Principal Place of Business	2a. Mailing Address
21 4960 SW 52 ST	26 4960 SW 52 ST
22 Suite, Apt. #, etc. # 415	27 Suite, Apt. #, etc. # 415
23 City & State DAVIE, FL	28 City & State DAVIE, FL
24 Zip 33314 25 Country USA	29 Zip 33314 30 Country USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCLYMONDS, ROBERT C. 7900 RED ROAD, SUITE 25 S. MIAMI FL 33143	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE		☐ Change ☐ Addition
NAME	RUMENOF, MILOR	12 NAME		
STREET ADDRESS	APARTDO POSTAL N 76845	13 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	KOKIN, TODOR	22 NAME		
STREET ADDRESS	APARTADO POSTAL N 76845	23 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA	24 CITY-ST-ZIP		
TITLE	VS	31 TITLE	VS	☒ Change ☐ Addition
NAME	KOKIN, ALEJANDRO	32 NAME	KOKIN, ALEJANDRO	
STREET ADDRESS	1581 BRICKELL AVENUE	33 STREET ADDRESS	1494 LANTANA CT	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(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 on an attachment with an address.

SIGNATURE: [signature] 6/29/95 (305) 792-6133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0125924 CP