FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000000816 (7)**

1. Corporation Name

JDCA CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
80 SW 8TH ST., #2801 **MIAMI FL 33130**	**80 SW 8TH ST., #2801** **MIAMI FL 33130**

3. Date Incorporated or Qualified: **02/20/1995**
3a. Date of Last Report:

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 | Country 30

4. FEI Number: **88-0064156** ☐ 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

FRANQUI, ELSA
80 SW 8TH ST., #2801
MIAMI FL 33130

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 (Typed or Printed Name of Registered Agent) (Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE	DP ☐ DELETE	1 TITLE	☒ Change ☐ Addition
1 NAME	MATSUKURA, NOBUYUKI	1 STREET ADDRESS	80 S.W. 8th Street, #2801
1 STREET ADDRESS	1541 BRICKELL AVE., #3804	1 CITY-ST-ZIP	Miami, FL 33130
1 CITY-ST-ZIP	MIAMI FL 33129		
2 TYPE	ST ☐ DELETE	2 TITLE	☒ Change ☐ Addition
2 NAME	FRANQUI, ELSA M	2 STREET ADDRESS	80 S.W. 8th Street, #2801
2 STREET ADDRESS	1851 NW 112TH TERR.	2 CITY-ST-ZIP	Miami, FL 33130
2 CITY-ST-ZIP	PEMBROKE PINES FL 33026		
3 TYPE	☐ DELETE	3 TITLE	V ☐ Change ☒ Addition
3 NAME		3 NAME	Berlant, Joel M.
3 STREET ADDRESS		3 STREET ADDRESS	80 S.W. 8th Street, #2801
3 CITY-ST-ZIP		3 CITY-ST-ZIP	Miami, FL 33130
4 TYPE	☐ DELETE	4 TITLE	AS ☐ Change ☒ Addition
4 NAME		4 NAME	Vliet, Richard F.
4 STREET ADDRESS		4 STREET ADDRESS	80 S.W. 8th Street, #2801
4 CITY-ST-ZIP		4 CITY-ST-ZIP	Miami, FL 33130
5 TYPE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TYPE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I declare that the information supplied with this filing is accurate and that the mandatory information required for this report is true. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joel M. Berlant — Joel M. Berlant — 2/14/96 — (305)536-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #