

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000005076 (3)

1. Corporation Name

RAIL DEVELOPMENT & CONSTRUCTION, INC.



Principal Place of Business: **201 ALHAMBRA CIRCLE, STE 1400 CORAL GABLES FL 33134**
Mailing Address: **201 ALHAMBRA CIRCLE, STE 1400 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **10/18/1995**
3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt #, etc	26. Suite, Apt #, etc.	APPLIED FOR	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GRAGG, K. LAWRENCE
200 S. BISCAYNE BLVD., STE 4900
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

Signature typed or printed below of registered agent and the applicable (NOTE: Registered Agent signature required when re-registering) (NAME)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITE, LUIS O	1.2 NAME	HUPSEL AZEVEDO, CARLOS J.
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 1400	1.3 STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 1400
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL.
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAES-PINTO, RICARDO A	2.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPES, CAETANO R	3.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTIT, PAUL E	4.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 1400	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIARDI, RENATO J	5.2 NAME	800001910098
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 1400	5.3 STREET ADDRESS	-08/01/96--01009--030
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	***450.00
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUZA, CARLOS C	6.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 1400	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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

7/18/96

(305) 445-1165

CS 7/21/96

CR2E034 (3/96)