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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L94532** (3)
1. Corporation Name
ODEBRECHT CONTRACTORS OF FLORIDA, INC.



Principal Place of Business
**201 ALHAMBRA CIR
SUITE 1400
CORAL GABLES FL 33134**

Mailing Address
**201 ALHAMBRA CIR
SUITE 1400
CORAL GABLES FL 33134-5108**

3. Date Incorporated or Qualified
08/20/1990

3a. Date of Last Report
04/27/1996

4. FEI Number
65-0220703

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**LOPES, CAETANO
201 ALHAMBRA CIR
SUITE 1400
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BAIARDI, RENATO J	
STREET ADDRESS	PRAIA DE BOTAFOGO, 300	
CITY - ST - ZIP	RIO DE JANEIRO, BRAZIL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FREITAS, GILBERTO P	
STREET ADDRESS	201 ALHAMBRA CIR SUITE 1400	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	T /Director	<input type="checkbox"/> DELETE
NAME	ALTIT, PAUL	
STREET ADDRESS	PRAIA DE BOTAFOGO, 300	
CITY - ST - ZIP	RIO DE JANEIRO, BRAZIL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LOPES, CAETANO R	
STREET ADDRESS	7955 N.W. 12TH STREET #118	
CITY - ST - ZIP	MIAMI FL 33128	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SOUZA, C. CESAR	
STREET ADDRESS	PRAIA DE BOTAFOGO, 300	
CITY - ST - ZIP	RIO DE JANEIRO, BRAZIL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	LUIS OSWALDO LOPES LEITE	
13 STREET ADDRESS	201 Alhambra Circle- Suite 1400	
14 CITY - ST - ZIP	Coral Gables, Florida 33134	
21 TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MORAES PINTO, RICARDO	
23 STREET ADDRESS	201 Alhambra Circle- Suite 1400	
24 CITY - ST - ZIP	Coral Gables, Florida 33134	
31 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	CARLOS JORGE HUPSEL DE AZEVEDO	
33 STREET ADDRESS	201 Alhambra Circle- Suite 1400	
34 CITY - ST - ZIP	Coral Gables, Florida 33134	
41 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	CARLOS CESAR DA SILVA SOUZA	
43 STREET ADDRESS	201 Alhambra Circle- Suite 1400	
44 CITY - ST - ZIP	Coral Gables, Florida 33134	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I 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 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]* 1/29/97 (305) 445-1165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)