

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90103 003 ***158.75

DOCUMENT # L94532

1. Corporation Name

~~ODEBRECHT CONTRACTORS OF FLORIDA, INC.~~ (Name Change)
ODEBRECHT CONSTRUCTION, 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1990

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 owes the current year Intangible
Personal Property Tax.

Yes

No

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME BAIARDO, RENATO J
STREET ADDRESS PRAIA DE BOTAFOGO, 300
CITY-ST-ZIP RIO DE JANEIRO, BRAZIL

TITLE PD ☐ DELETE

NAME LEITE, LUIS O
STREET ADDRESS 201 ALHAMBRA CL. STE. 1400
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE TD ☐ DELETE

NAME ALTIT, PAUL
STREET ADDRESS PRAIA DE BOTAFOGO, 300
CITY-ST-ZIP RIO DE JANEIRO, BRAZIL

TITLE AS ☐ DELETE

NAME LOPES, CAETANO R
STREET ADDRESS 7955 N.W. 12TH STREET #118
CITY-ST-ZIP MIAMI FL 33126

TITLE SD ☐ DELETE

NAME MORAES PINTO, RICARDO
STREET ADDRESS 201 ALHAMBRA CL. STE. 1400
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME DA SILVA SOUZA, CARLOS C
STREET ADDRESS 201 ALHAMBRA CL. STE 1400
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

305-445-1165

Date

Daytime Phone #

CR2E034 (11/98)