

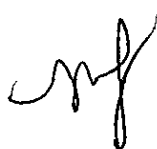
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000632

1. Entity Name
AMERICAS CONSTRUCTION ENTERPRISES, L.C.

Principal Place of Business Mailing Address
2520 S.W. 22 Street 1101 BRICKELL AVENUE
Suite 2-380 Suite 800
Miami, Fl. 33145 Miami, Fl. 33131

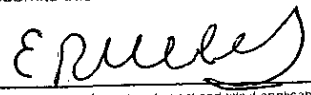
2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 JUL 10 AM 9:25


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
PORRAS SERGIO Name **ELISEO RUIZ**
1101 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable)
SUITE 800 **2520 S.W. 22 Street**
MIAMI, FL. 33131 Suite 2 - 380
 City **Miami** FL Zip Code **33145**

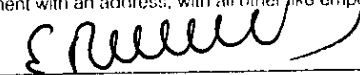
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  DATE **7/7/00**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing) DATE

FILE NOW
SEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be **Make Check Payable to**
 Trust Fund Contribution. Added to Fees **Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	☐ Delete		TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other not empowered.

SIGNATURE:  OFFICER **4-28-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (9/99)