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FILED
Mar 21 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 # **M94831** (8)

1. Corporation Name
ANDRADE GUTIERREZ CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

C/O MURAI, WALD, BIONDO, MATTHEWS ET.AL.
7270 NW 12TH STREET SUITE 450
MIAMI FL 33126

C/O MURAI, WALD, BIONDO, MATTHEWS ET.AL.
7270 NW 12TH STREET SUITE 450
MIAMI FL 33126-1827



2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt., etc.

26. Suite, Apt., etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA
900 INGRAHAM BLDG
25 S.E. 2ND AVE
MIAMI FL 33131

3. Date Incorporated or Qualified
08/18/1988

3a. Date of Last Report
01/31/1996

4. FEI Number

65-0168853

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

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, as 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 of Officer or Director)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
D ANDRADE, SERGIO L.
2. STREET ADDRESS
7270 NW 12TH ST.
3. CITY-STATE-ZIP
MIAMI FL
4. TITLE
D
5. NAME
ANDRADE, EDUARDO BORGES
6. STREET ADDRESS
7270 NW 12TH ST. STE 450
7. CITY-STATE-ZIP
MIAMI FL
8. TITLE
D
9. NAME
GUTIERREZ, ROBERTO
10. STREET ADDRESS
7270 NW 12TH ST. STE 450
11. CITY-STATE-ZIP
MIAMI FL
12. TITLE
D
13. NAME
FREITAS, ILDEU OLYNTHO
14. STREET ADDRESS
7270 NW 12TH ST. STE 450
15. CITY-STATE-ZIP
MIAMI FL
16. TITLE
PT
17. NAME
SCHERER, ROBERTO SANTOS
18. STREET ADDRESS
7270 NW 12TH ST. STE 450
19. CITY-STATE-ZIP
MIAMI FL
20. TITLE
VPS
21. NAME
FERREIRA, PAULO R.P.
22. STREET ADDRESS
7270 NW 12TH ST. STE 450
23. CITY-STATE-ZIP
MIAMI FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 included 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 on Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/97 (305) 591-9765

CR2E034 (9/96)