FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P14095** **(4)**

1. Corporation Name

CONSTRUCTA U.S., INC.

Principal Place of Business

2665 S. BAYSHORE DR.
SUITE 302
COCONUT GROVE FL 33133
US

Mailing Address

2665 S. BAYSHORE DR.
SUITE 302
COCONUT GROVE FL 33133
US

3. Date Incorporated or Qualified: **04/17/1987**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **52-1482952** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21

Suite, Apt. #, etc. 22

City & State 23

Zip 24 Country 25

2a. Mailing Address 26

Suite, Apt. #, etc. 27

City & State 28

Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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) (If CT, the Registered Agent legal representative remains) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PIETRI, MARC	
STREET ADDRESS	2665 SOUTH BAYSHORE DR., STE 302	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VTS	☐ DELETE
NAME	MEUNIER, JEAN-MARC	
STREET ADDRESS	2665 SOUTH BAYSHORE DR., STE 302	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	AS	☒ DELETE
NAME	LEVINE., DANIEL A	
STREET ADDRESS	2665 SOUTH BAYSHORE DR STE 302	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	AS	☐ Change ☑ Addition
3.2 NAME	Andrew Kwiat	
3.3 STREET ADDRESS	2665 S. Bayshore Dr Suite 302	
3.4 CITY-ST-ZIP	Coconut Grove, FL 33133	
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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/13/96

Daytime Phone #: 305 858 7745

CR2E034 (12/95)