

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

DO NOT WRITE IN THIS SPACE

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	3. Date Incorporated or Qualified 04/17/1987 4. FEI Number 52-1482952 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP
NAME	PIETRI, MARC	1.2 NAME	Eric Farillan
STREET ADDRESS	2665 SOUTH BAYSHORE DR., STE 302	1.3 STREET ADDRESS	2665 S Bayshore Dr Suite 302
CITY- ST- ZIP	COCONUT GROVE FL	1.4 CITY- ST- ZIP	Coconut Grove, FL 33133
TITLE	VTS	2.1 TITLE	
NAME	MEUNIER, JEAN-MARC	2.2 NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DR., STE 302	2.3 STREET ADDRESS	
CITY- ST- ZIP	COCONUT GROVE FL	2.4 CITY- ST- ZIP	
TITLE	AS	3.1 TITLE	
NAME	KWIAT, ANDREW	3.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 302	3.3 STREET ADDRESS	
CITY- ST- ZIP	COCONUT GROVE FL 33133	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 in an attachment with an address.

SIGNATURE:

ANDREW KWIAT ASST Mar 10 1998 (305) 858-7749

CR2E034 (10/97)