FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 10 PM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000024771 (6)**

1. Corporation Name
TRANS CONTINENTAL CONSTRUCTION, CORP.

Principal Place of Business	Mailing Address
1725 N.W. 28TH ST. MIAMI FL 33138 US	6660 BISCAYNE BLVD MIAMI FL 33138 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1993
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business
21: 1725 NW 28th ST
22: Suite, Apt. #, etc.
23: City & State: MIAMI FL
24: Zip: 33142 25: Country: USA

2a. Mailing Address
26: P.O. Box 421160
27: Suite, Apt. #, etc.
28: City & State: MIAMI FL
29: Zip: 33142 30: Country:

4. FEI Number: 65-0423621 ☐ 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

9. Name and Address of Current Registered Agent

PRIETO, MARIO
1725 N.W. 28TH STREET
MIAMI FL 33142

10. Name and Address of New Registered Agent

91 Name: ENGELHAJER FRANÇOIS
92 Street Address (P.O. Box Number is Not Acceptable): 1725-27 NW 28th ST.
93:
94 City: MIAMI FL 95 Zip Code: 33142

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	EUGELUAGER, LAIEU	1.2 NAME	ENGELHAJER LUCIEN
STREET ADDRESS	CHARTEAU	1.3 STREET ADDRESS	CHATEAU DE LA MOTHE
CITY-ST-ZIP	LD LA LOTHE SAINT CZERT F	1.4 CITY-ST-ZIP	ST. CEZERT 31330 GRENABE FRANCE
TITLE	PD	2.1 TITLE	PD ☐ Change ☐ Addition
NAME	ENGELUAGER, FRAUEOIS	2.2 NAME	ENGELHAJER FRANÇOIS
STREET ADDRESS	6660 BISEAYUE BLVD.	2.3 STREET ADDRESS	1725-27 NW 28th ST
CITY-ST-ZIP	MIAMI FL 33138	2.4 CITY-ST-ZIP	MIAMI FL 33142
TITLE	D	3.1 TITLE	D ☐ Change ☐ Addition
NAME	BOUDOUAIS, MATER	3.2 NAME	BOURDONAIS THIERRY
STREET ADDRESS	CHATEAUE DE LA MOTHE	3.3. STREET ADDRESS	
CITY-ST-ZIP	SAINT ZERT F	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	VD ☐ Change ☐ Addition
NAME	BOUDOUAIS, THIEUP	4.2 NAME	PRIETO MARIO
STREET ADDRESS	CHATEAUE DE LA MOTHE	4.3 STREET ADDRESS	1725-27 NW 28th ST
CITY-ST-ZIP	SAINT ZERT F	4.4 CITY-ST-ZIP	MIAMI FL 33142
TITLE	VD	5.1 TITLE	D ☐ Change ☐ Addition
NAME	PRIETON, MAUIO	5.2 NAME	BARBAS DANIEL
STREET ADDRESS	725 NW 28TH ST.	5.3 STREET ADDRESS	LAC LA FLECHE
CITY-ST-ZIP	MIAMI FL 33142	5.4 CITY-ST-ZIP	NORUNINGUE - CANADA
TITLE	VD	6.1 TITLE	S ☐ Change ☐ Addition
NAME	SASA, DAVID	6.2 NAME	ENGELHAJER MANUELA / JOSE M. GONZALEZ
STREET ADDRESS	LAE LA FLEEHE	6.3 STREET ADDRESS	1725 NW 28TH ST / 1725 NW 28 ST
CITY-ST-ZIP	NOBUGUE CA	6.4 CITY-ST-ZIP	MIAMI FL 33142 / MIAMI FL 33142

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)(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.

SIGNATURE: MANUELA ENGELHAJER Secretary 03/03/95 305-636-6886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0144056 CP