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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND THED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO



ELORIDA DEPARTMENT DE STATE

FILED

Feb 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000076194 (8)

CONSTRUCTORA CANAHUATI CORP.

Principal Place of Business Maiting Address 10475 NW 28 ST -10475 NW 28-ST MIAMI FL 00172 2162 MIAMI FL 33172 3. Date Incorporated or Qualified 3a. Date of Last Report 03/26/1996 11/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 14224 SW. 52 ST. 65-0472216 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI F-L Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 33175 USA Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VELAZCO, RAFAEL -10475 NW-20-9T 82 Street Address (P.O. Box Number is Not Acceptable) 142 24 らい・52 分・ - MIAMI FL 99172-83 City 84 Zip Code 33: 75 MIAMI 7 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607.0505, Florida Statutes. office or registered agent, or both in the agent. I am familiar with and accept the SIGNATURE Signature, typed or printed in agent and time if applicable (NO1E: Registered Agent signature required when reinstating) (96/6)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition Change DELETE TITLE 1.1 TITLE velazco, rafael NAME 1.2 NAME CR2E034 14224 SW 52ND ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY - ST - 2IP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THUE NAMÉ 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 017Y - ST - 212 2 4 CITY+ST-ZIP Change DELETE Addition 31 TITLE THILE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CHY-SI-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS DITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP Change Addition DELETE TITLE 6.1 TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CHTY - ST - ZIP City-St-76 14. I do hereby certify that the information supplied with this filling 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 eper it supplies an appear in the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information indicated on this annual eper it supplies that I am an officer or director of the controllation or the receiver of this ten empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if dylanger or on an attackment with an address.