

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

FILED
Feb 03, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-03-1999 90021 037 ****150.00

DOCUMENT # P93000076194

1. Corporation Name
CONSTRUCTORA CANAHUATI CORP.



Principal Place of Business 10475 NW 28 ST MIAMI FL 33172 US	Mailing Address 14224 SW 52ND ST MIAMI FL 33175 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1993	
21	26	4. FEI Number 65-0472216		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent VELAZCO, RAFAEL 14224 SW 52ND ST MIAMI FL 33175				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83					
84 City					

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 <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY-ST-ZIP	1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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, by on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/12/99 Daytime Phone #: (305) 559-5426

CR2E034 (1/98)