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PROFIT CÓRPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000003863 (5)

INVERCAME USA CONSTRUCTION, INC.

Principal Place of Business Mailing Address May 15 1998 8:00am Secretary of State



848 BRICKELL AVE 848 BRICKELL AVE **SUITE 1010 SUITE 1010** DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 01/18/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0477790 Not Applicable 21 26 Suite Apt #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 OJEDA, ALAN 848 BRICKELL AVE Street Address (P.O. Box Number is Not Acceptable) **B2 SUITE 1010** 83 **MIAMI FL 33131** Zıp 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change ___ Addition 1 1 TITLE TUTLE OJEDA, ALAN 1.2 NAME NAME 848 BRICKELL AVE SUITE 1010 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 1.4 CITY - ST - ZIP DETETE Change Addition TITLE 2 1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 THEF 3 2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY-S1-ZIP Addition DELETE Channe 5.1 TITLE TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP this bling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 14. Thereby certify that the information supplied

indicated on this annual report or suppleme officer or director of the corporation or the reiqual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an For 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 a it with an address

SIGNATURE: