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

* PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000014915 (0)

R.B. CONSTRUCTION U.S.A., INC.

Principal Place of Business Mailing Address 1499 8W 30TH AVE 888 SOUTHEAST THIRD AVENUE STE. 400 SUITE SÓ FORT LAUDERDALE FL 33316-1181 **BOYNTON BEACH FL 33426** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1994 06/21/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 26 14995.W 30th avenue 65-0469151 21 Sulte, Apt. #, etc. \$8.75 Additional

2		27	Suite 30)			5. Certificate of Status Desired		· Fee Required
City & State		City & State 28 Boyn bn Beach			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 4	Country 25	29	33 42 G	1 Co	untry	lorida US		Yes [☐ No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	R, LARRY J P.A.				81	Name			
888 SOUTHEAST THIRD AVENUE STE. 400			82	82 Street Address (P.O. Box Number is Not Acceptable)					
FORT	LAUDERDALE FL 33316				83				

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 horeby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

ZOD BROUSSAN **SIGNATURE** ane of registered agent and title if applic (NOTE: Registered Agent signature required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) Addition DELETE Change TITLE 1.1 1014 **BROUSSEAU, RODRIGUE** 1.2 NAME 10148 B EAGLEWOOD TER GREENTREE STREET ADDRESS 13 STREET ADDRESS **BOYNTON BEACH FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TH LE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CHY-SI-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TiTLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TRUE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 on an attachment with an address

6.4 CITY - ST- ZIP

1 10# 9751.1-814-1163

FILED

Jun 09 1997 8:00am

Secretary of State

Applied For

85

Zip Code

Not Applicable