

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000017155 (0)

1. Corporation Name
SOARES DA COSTA CONTRACTOR, INC.



Principal Place of Business Mailing Address
2 S. BISCAYNE BLVD STE 3400 MIAMI FL 33131-1897 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 03/04/1994 3a. Date of Last Report 05/01/1995
4. FEI Number 65-0488642 Applied For Not Applicable
5. Certificate of Status Desired XX \$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

VALDES, FAULI CORPORAT I
TWO SOUTH BISCAYNE BOULEVARD
SUITE 3400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Valdes-Fauli Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) Two South Biscayne Boulevard
83 Suite 3400
84 City Miami FL 85 Zip Code 33131

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 officer 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 provisions of Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE by: *Guillermo J. Fernandez Quincoes*
Signature of Agent: Guillermo J. Fernandez Quincoes, VP

DATE 04/02/96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FAUSTINO, VICTOR S | |
| STREET ADDRESS | 2 S. BISCAYNE BLVD., STE 3400 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DVPS | <input type="checkbox"/> DELETE |
| NAME | CARDAO, FERNANDO | |
| STREET ADDRESS | 2 S. BISCAYNE BLVD., STE 3400 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SILVA, ARTUR | |
| STREET ADDRESS | 2 S. BISCAYNE BLVD., STE 3400 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | VILLEGAS, RNE DIAZ DE | |
| STREET ADDRESS | 2 BISCAYNE BLVD., STE 3400 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GUTIERREZ, RAUL J. | |
| STREET ADDRESS | 2 S. BISCAYNE BLVD., STE. 3400 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | BERNHEIMER-NEGRAO, CAROL | |
| STREET ADDRESS | 2 S. BISCAYNE BLVD., STE 3400 | |
| CITY-ST-ZIP | MIAMI FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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[Signature]
5/1/96

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)(k), 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, trustee or empowere to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Raul J. Gutierrez* RAUL J. GUTIERREZ, DIRECTOR 4/2/96 (305) 376-6094

CR2E034 (12/95)