

FILED

May 06 1997 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # P94000017155 (0) 1. Corporation Name SOARES DA COSTA CONTRACTOR, INC.																																																																																																																																																			
Principal Place of Business 2 S. BISCAYNE BLVD STE 3400 MIAMI FL 33131-1897 US		Mailing Address 2 S. BISCAYNE BLVD. STE 3400 MIAMI FL 33131-1897 US																																																																																																																																																	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country																																																																																																																																																	
3. Date Incorporated or Qualified 03/04/1994		3a. Date of Last Report 05/01/1996																																																																																																																																																	
4. FEI Number 65-0488642		Applied For ☐ Not Applicable																																																																																																																																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																																																	
7. 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 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip 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. I am familiar with, and accept the obligations of, Sect on 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 <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>FAUSTINO, VICTOR S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2 S. BISCAYNE BLVD., STE 3400</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVPS</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>CARDAO, FERNANDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2 S. BISCAYNE BLVD., STE 3400</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>SILVA, ARTUR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2 S. BISCAYNE BLVD., STE 3400</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>VILLEGAS, RNE DIAZ DE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2 BISCAYNE BLVD., STE 3400</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>GUTIERREZ, RAUL J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2 S. BISCAYNE BLVD., STE. 3400</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AS</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>BERNHEIMER-NEGRAO, CAROL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2 S. BISCAYNE BLVD., STE 3400</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL</td> <td></td> </tr> </table>		TITLE	D	DELETE	NAME	FAUSTINO, VICTOR S		STREET ADDRESS	2 S. BISCAYNE BLVD., STE 3400		CITY - ST - ZIP	MIAMI FL		TITLE	DVPS	DELETE	NAME	CARDAO, FERNANDO		STREET ADDRESS	2 S. BISCAYNE BLVD., STE 3400		CITY - ST - ZIP	MIAMI FL		TITLE	TD	DELETE	NAME	SILVA, ARTUR		STREET ADDRESS	2 S. BISCAYNE BLVD., STE 3400		CITY - ST - ZIP	MIAMI FL		TITLE	PD	DELETE	NAME	VILLEGAS, RNE DIAZ DE		STREET ADDRESS	2 BISCAYNE BLVD., STE 3400		CITY - ST - ZIP	MIAMI FL		TITLE	D	DELETE	NAME	GUTIERREZ, RAUL J.		STREET ADDRESS	2 S. BISCAYNE BLVD., STE. 3400		CITY - ST - ZIP	MIAMI FL		TITLE	AS	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 <table border="1"> <tr> <td>1.1 TITLE</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE	Change	Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY - ST - ZIP			2.1 TITLE	Change	Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY - ST - ZIP			3.1 TITLE	Change	Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY - ST - ZIP			4.1 TITLE	Change	Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY - ST - ZIP			5.1 TITLE	Change	Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY - ST - ZIP			6.1 TITLE	Change	Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY - ST - ZIP		
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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.																																																																																																																																																			
SIGNATURE: <u>Rene Diaz de Villegas</u> -Rene Diaz de Villegas- 4/30/97 (305)592-4510 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																			