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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P94000045212 (5)**

1. Corporation Name
INTERNATIONAL DEVELOPMENT & CONSTRUCTION PARTNER S CORP.

Principal Place of Business
% LUIS ALFREDO D'AGOSTINO
848 BRICKELL AVE., SUITE 810
MIAMI FL 33131

Mailing Address
% LUIS ALFREDO D'AGOSTINO
848 BRICKELL AVE., SUITE 810
MIAMI FL 33131-2943

3. Date Incorporated or Qualified: **06/16/1994**
3a. Date of Last Report: **03/08/1996**

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
Zip | 24 | Country | 25 |

2a. Mailing Address
26 |
Suite, Apt. #, etc.
27 |
City & State
28 |
Zip | 29 | Country | 30 |

4. FEI Number: **65-0506525** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SAUL, GARY A
1221 BRICKELL AVE
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, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: D	☐ DELETE	1.1 TITLE: VP	☐ Change	☒ Addition
NAME: D'AGOSTINO, FRANCO		1.2 NAME: Luis Lamar		
STREET ADDRESS: 848 BRICKELL AVE., SUITE 810		1.3 STREET ADDRESS: 848 Brickell Ave. Ste 810		
CITY-ST-ZIP: MIAMI FL 33131		1.4 CITY-ST-ZIP: Miami FL 33131		
TITLE: D	☐ DELETE	2.1 TITLE:	☐ Change	☐ Addition
NAME: SIMON, NICOLAS		2.2 NAME:		
STREET ADDRESS: 848 BRICKELL AVE., SUITE 810		2.3 STREET ADDRESS:		
CITY-ST-ZIP: MIAMI FL 33131		2.4 CITY-ST-ZIP:		
TITLE: S	☐ DELETE	3.1 TITLE:	☐ Change	☐ Addition
NAME: FRANCUZ, GREGORY R		3.2 NAME:		
STREET ADDRESS: 848 BRICKELL AVE., SUITE 810		3.3 STREET ADDRESS:		
CITY-ST-ZIP: MIAMI FL		3.4 CITY-ST-ZIP:		
TITLE: P	☐ DELETE	4.1 TITLE:	☒ Change	☐ Addition
NAME: D'AGOSTINO		4.2 NAME: Luis D'Agostino		
STREET ADDRESS: 848 BRICKELL AVENUE STE 810		4.3 STREET ADDRESS:		
CITY-ST-ZIP: MIAMI FL		4.4 CITY-ST-ZIP:		
TITLE: VPT	☐ DELETE	5.1 TITLE:	☐ Change	☐ Addition
NAME: SIMON, LEONARDO		5.2 NAME:		
STREET ADDRESS: 848 BRICKELL AVENUE SUITE 810		5.3 STREET ADDRESS:		
CITY-ST-ZIP: MIAMI FL		5.4 CITY-ST-ZIP:		
TITLE: VP	☐ DELETE	6.1 TITLE:	☐ Change	☐ Addition
NAME: SIMON, EDUARDO		6.2 NAME:		
STREET ADDRESS: 848 BRICKELL AVE #810		6.3 STREET ADDRESS:		
CITY-ST-ZIP: MIAMI FL		6.4 CITY-ST-ZIP:		

CR2E034 (9/96)

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 with an arrow or on an attachment with an address.

SIGNATURE: Gregory R Francuz — 2-28-97 — (305)377-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #