

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045212

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90011 004 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

D'AGOSTINO, FRANCO

STREET ADDRESS

848 BRICKELL AVE., SUITE 810

CITY-ST-ZIP

MIAMI FL 33131

TITLE

D

☐ DELETE

NAME

SIMON, NICOLAS

STREET ADDRESS

848 BRICKELL AVE., SUITE 810

CITY-ST-ZIP

MIAMI FL 33131

TITLE

S

☒ DELETE

NAME

FRANCUZ, GREGORY R

STREET ADDRESS

848 BRICKELL AVE., SUITE 810

CITY-ST-ZIP

MIAMI FL

TITLE

P

☐ DELETE

NAME

D'AGOSTINO, LUIS

STREET ADDRESS

848 BRICKELL AVENUE STE 810

CITY-ST-ZIP

MIAMI FL

TITLE

VPT

☐ DELETE

NAME

SIMON, LEONARDO

STREET ADDRESS

848 BRICKELL AVENUE SUITE 810

CITY-ST-ZIP

MIAMI FL

TITLE

VP

☐ DELETE

NAME

SIMON, EDUARDO

STREET ADDRESS

848 BRICKELL AVE #810

CITY-ST-ZIP

MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99

Date

(305) 377-8333

Daytime Phone #

CR2E034 (11/98)