

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

DOCUMENT # **P95000015487 (8)**

1. Corporation Name

CONSTRUCTION TECHNOLOGIES INTERNATIONAL INC.



Principal Place of Business

Mailing Address

**5461 NW 72 AVENUE
MIAMI FL 33166**

**5461 NW 72 AVENUE
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

3. Date Incorporated or Qualified

3a. Date of Last Report

02/23/1995

4. FEI Number

Applied For

95-0558175

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

10. Name and Address of New Registered Agent

**MURILLO, JORGE G
2301 COLLINS AVENUE #526A
MIAMI BEACH FL 33139**

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 607.1502, 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 of person who is the current registered agent and the filer of this report

(NOTE: Registered Agent signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE ☐ Change ☐ Addition
2. NAME	2.1 NAME ☐ Change ☐ Addition
3. STREET ADDRESS	3.1 STREET ADDRESS ☐ Change ☐ Addition
4. CITY-STATE-ZIP	4.1 CITY-STATE-ZIP ☐ Change ☐ Addition
5. TITLE	5.1 TITLE ☐ Change ☐ Addition
6. NAME	6.1 NAME ☐ Change ☐ Addition
7. STREET ADDRESS	7.1 STREET ADDRESS ☐ Change ☐ Addition
8. CITY-STATE-ZIP	8.1 CITY-STATE-ZIP ☐ Change ☐ Addition
9. TITLE	9.1 TITLE ☐ Change ☐ Addition
10. NAME	10.1 NAME ☐ Change ☐ Addition
11. STREET ADDRESS	11.1 STREET ADDRESS ☐ Change ☐ Addition
12. CITY-STATE-ZIP	12.1 CITY-STATE-ZIP ☐ Change ☐ Addition
13. TITLE	13.1 TITLE ☐ Change ☐ Addition
14. NAME	14.1 NAME ☐ Change ☐ Addition
15. STREET ADDRESS	15.1 STREET ADDRESS ☐ Change ☐ Addition
16. CITY-STATE-ZIP	16.1 CITY-STATE-ZIP ☐ Change ☐ Addition
17. TITLE	17.1 TITLE ☐ Change ☐ Addition
18. NAME	18.1 NAME ☐ Change ☐ Addition
19. STREET ADDRESS	19.1 STREET ADDRESS ☐ Change ☐ Addition
20. CITY-STATE-ZIP	20.1 CITY-STATE-ZIP ☐ Change ☐ Addition

13.

1.1 TITLE ☐ Change ☐ Addition

2.1 NAME ☐ Change ☐ Addition

3.1 STREET ADDRESS ☐ Change ☐ Addition

4.1 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

6.1 NAME ☐ Change ☐ Addition

7.1 STREET ADDRESS ☐ Change ☐ Addition

8.1 CITY-STATE-ZIP ☐ Change ☐ Addition

9.1 TITLE ☐ Change ☐ Addition

10.1 NAME ☐ Change ☐ Addition

11.1 STREET ADDRESS ☐ Change ☐ Addition

12.1 CITY-STATE-ZIP ☐ Change ☐ Addition

13.1 TITLE ☐ Change ☐ Addition

14.1 NAME ☐ Change ☐ Addition

15.1 STREET ADDRESS ☐ Change ☐ Addition

16.1 CITY-STATE-ZIP ☐ Change ☐ Addition

17.1 TITLE ☐ Change ☐ Addition

18.1 NAME ☐ Change ☐ Addition

19.1 STREET ADDRESS ☐ Change ☐ Addition

20.1 CITY-STATE-ZIP ☐ Change ☐ Addition

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 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 attached page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96 (305) 672-0130

CR2E034 (12/95)