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FILED
May 01 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 #P96000004068 (8)

1. Corporation Name

LOUISBOURG CONSTRUCTION CORPORATION

Principal Place of Business

701 Brickell Avenue
Suite 3000
Miami, FL 33131

Mailing Address

c/o Holland & Knight
701 Brickell Avenue, Suite 3000
Miami, FL 33131

3. Date Incorporated or Qualified
01/12/1996

3a. Date of Last Report
N/A

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

4. FEI Number
65-0632225

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

INTRASTATE REGISTERED AGENT CORPORATION
701 Brickell Avenue
Suite 3000
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 his, if applicable)

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

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PSD
NAME BOND, TIMOTHY J.
STREET ADDRESS 7850 N.W. 146th St., Ste. 435
CITY-ST-ZIP Miami Lakes, FL 33016

TITLE VD
NAME ACCURSO, ANTONIO
STREET ADDRESS 7850 N.W. 146th St., Ste. 435
CITY-ST-ZIP Miami Lakes, FL 33016

TITLE VD
NAME DOMANDO, THOMAS
STREET ADDRESS 7850 N.W. 146th St., Ste. 435
CITY-ST-ZIP Miami Lakes, FL 33016

TITLE V
NAME CASTETTER, LAUREL E.
STREET ADDRESS 7850 N.W. 146th St., Ste. 435
CITY-ST-ZIP Miami Lakes, FL 33016

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

CVD ☒ Change ☐ Addition
NAME ACCURSO, ANTONIO
STREET ADDRESS 7850 N.W. 146th St., Ste. 435
CITY-ST-ZIP Miami Lakes, FL 33016

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

V ☒ Change ☐ Addition
NAME DOMANDO, THOMAS
STREET ADDRESS 7850 N.W. 146th St., Ste. 435
CITY-ST-ZIP Miami Lakes, FL 33016

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TD ☐ Change ☒ Addition
NAME BALDASSARE, NORMA
STREET ADDRESS 203 Lespeupliers
CITY-ST-ZIP Laval, Quebec H7R 167 CANADA

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***165.00

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:

CR2E034 (9/96)