04/22/1997 14:08 9042221222 CAPITAL CONNECTI

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 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 # : P96000093027

1. Corporation Name

I.L.D. Construction, Inc.

Principal Place of Business	Mailing Address
7141 Lenape Circle New Port Richey, FL 34653	7141 Lenape Circle New Port Richey, FL 34653

5. Date Incorporated or Qualified: 11/13/96
5a. Date of Last Report:

1. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: [X] 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

Alfred Krummenacher
7141 Lenape Circle
New Port Richey, FL 34653

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *NOTE: Registered Agent signature required when signaling)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	☐ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
AME		1.2 NAME	Iacovo Luigi
REET ADDRESS		1.3 STREET ADDRESS	Blumenrain 5
TY-ST-ZIP		1.4 CITY-ST-ZIP	6020 Emmenbrucke, Switzerland
LE	☐ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
AME		2.2 NAME	Peter Mueller
REET ADDRESS		2.3 STREET ADDRESS	Waldeggstrasse 24
Y-ST-ZIP		2.4 CITY-ST-ZIP	6020 Emmenbrucke, Switzerland
LE	☐ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
AME		3.2 NAME	Alfred Krummenacher
REET ADDRESS		3.3 STREET ADDRESS	7141 Lenape Circle
Y-ST-ZIP		3.4 CITY-ST-ZIP	New Port Richey, FL 34653
E	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
AE		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
-ST-ZIP		4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
E		5.2 NAME	
ET ADDRESS		5.3 STREET ADDRESS	
-ST-ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
ET ADDRESS		6.3 STREET ADDRESS	
-ST-ZIP		6.4 CITY-ST-ZIP	

900002157419
-04/29/97--01002--042
***165.00

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: Alfred Krummenacher 04.23.97 (813) 847-6944
NAME AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RW 4-25-97