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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

14. I hereby certify that he information supplied with this filling indicated on this arrival report or supplemental annual report or supplemental annual report or director of the corporation or the Alectyce or true Block 12 or Block 13 i changed, or an aryanachment with



FLORIDA DERARIMEN₹ OF STATE

FILED

Jun 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067926 (0)

INTER-AMERICAN BUILDING & CONSTRUCTION, INC.

| Principal Place of Business Mailing Address | | | | | | | | ***** | | | |
|--|--|------------------------------------|--|---|---|---------------------|--|--|---------------------------|--------------------------------|----------------|
| 100 SE 2ND STREET 17TH FLOOR MIAMI FL 33131 | | | 100 SE 2ND STREET 17TH FLOOR MIAMI FL 33131 | | | | | | | | |
| | | MIAMI FL | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | 3. Date Incorporated or Qualified | | | | 7 |
| | | | | | | | 08/06/1997 | | | | |
| 2. Principal P | Place of Business | 2a. Mailin | g Address | | | | 4 FEI Number | | A | pplied For | |
| 21 | | 26 | | | | | 65-078416 | <u> </u> | N | lot Applicable | <u>.</u> |
| Suite, Apt | | Suite, | Apt #, etc. | | | | 5. Certificate of Status Desired | | | Additional lequired | |
| City & Stat | ee | City 8 | State | | | | Election Campaign Financing Trust Fund Contribution | | | May Be I to Fees | |
| Zip 24 | Country 25 | 7ip | | Со. 30 | intry | | 8. This corporation owes or has p Personal Property Tax due Jun | | | langible XINo | |
| • | 9. Name and Address of Curre | nt Registered | Agent | | | | 10. Name and Address of New R | egistered | Agent | |] |
| FRI | IEDHOFF, JOHN H | | | | 81 Name |) | | | | | |
| 100 SE 2ND STREET 17TH FLOOR | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | - | |
| MIAMI FL 33131 | | | | | Street Address (1.5. Box Harrison 16.16) Not speaking | | | | | | _ |
| | | | | | 83 | | | | | | |
| | • | | | | 84 City | | | | 85 Zip | Code | - |
| | · | | | | ′ | | | <u> </u> | . | | _ |
| office or r | to the provisions of Sections 607 050 registered agent, or both, in the State im familiar with, and accept the oblic | : of Florida, Suc | th change was a | uthorizo | d by the cor | d corpo rporatio | ration submits this statement for the on's board of directors. I hereby acc | purpose o ept the app | changing i ointment as | its registered s registered | |
| SIGNATURE | | | | | | | | | | | |
| | Signature, typoid or printed name of togethered ag | estandatio Cappica ID DIRECTORS | | Hegistere | d Agent signatur | re required | when reinstating) ADDITIONS/CHANGES TO OFF | DATE ICEDS AND | DIPECTO | DC IN 12 | - 운 |
| 12. TITLE | President, Secretary & | | DELETE | 1.1 1 | TI F | T | ADDITIONS/CHANGES TO OFF | IOLIIG ANL | Change | Addition | CR2E034 (10/97 |
| NAME | Luiz Roberto L. Trevesa | | | 1.2 N | | | | | | | 4 |
| STREET ADDRESS | 100 S.E. 2nd St., 17th | | | 1 | treet address | | | | | | 용 |
| CITY-SI-ZIP | 1 - | rtoor | | i i | TY-ST-ZIP | | | | | | 0 |
| TITLE | Miami, FL 33131 Assistant Secretary | | DELETE | 2.1 71 | | | | | Change | Addition | c |
| | T | | | 2.2 N | AME | | | | | | |
| | John H. Friedhoff, Esq. | L [] | | 2.3 \$ | TREET ADDRESS | | | | | | |
| CITY-ST-ZIP | 100 S.E. 2nd Street, 17t Miami, FL 33131 | n Floor | , | | HTY-ST-ZIP | | | | | | |
| TITLE | 11141113 112 2022 | | DELFTE | 3 1 TI | TLF | | | 1 | Change | Addition | |
| NAME | | | | 32 N | AME | | | | | | |
| STREET ADDRESS | | | | 3.3 S | treet address | | | | | | |
| TITY-ST-ZIP | | | | 3.4. 0 | ITY-ST-ZIP | _ | | | | | _] |
| TITLE | | | DELETE | 4.1 Ti | TLF | | | | ☐ Change | Addition | |
| NAME | | | | 4.2 8 | IAME | | | | | | |
| STREET ADDRESS | į | | | 4.3 S | treet address | | | | | | |
| CITY-ST-ZIP | | | | 4.4 C | TY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | | | |
| TITLE | | | ☐ DELLITÉ | 5.1 TI | TLF | | | | ☐ Change | Addition | |
| NAME | | | | 5.2 N | AME | | | | | | |
| STREET ADDRESS | | | | 538 | ireet address | | | | | | |
| CITY-ST-ZIP | | | · | 540 | TY-ST-7IP | | | | | | 4 |
| TITLE | | | DELETE | 617 | TLE | | 500002: 58 -06/22/98010 | | LL Change | Addition | 1 |
| NAME | | | | 62 N | AME | | -(16/22/92-61£ | | 124 124 | 12 10 | 1 |
| STREET ADDRESS | | | | 6.3 S | ireet address | | ***150,00 | - William - Will | l sal | 1/1.4 | |

a dees not qualify fer the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information red is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the properties report as required by Chapter 607, Florida Statutes; and that my name appears in hour address.