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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V04223 **(6)**

1. Corporation Name
CATAS CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
9130 S. DADELAND BLVD SUITE 1621 MIAMI FL 33156 US	9090 S. DADELAND BLVD PENTHOUSE 1-A MIAMI FL 33156-7820 US

3. Date Incorporated or Qualified: 01/06/1992
3a. Date of Last Report: 07/19/1996

2. Principal Place of Business	2a. Mailing Address
21 9130 S. DADELAND BLVD.	26 9130 S. DADELAND BLVD
Suite, Apt. #, etc 22 SUITE 100	Suite, Apt. #, etc. 27 SUITE 100
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33156 Country 25 U.S.	Zip 29 33156 Country 30 U.S.

4. FEI Number: 65-0302451 ☐ 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

ALLEN, GEORGE F.
801 BRICKELL AVENUE
SUITE 1401
MIAMI FL 33131

10. Name and Address of New Registered Agent

61 Name: CORPORATION COMPANY OF MIAMI
62 Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd
63 1600 Miami Center
84 City: Miami FL 85 Zip Code: 33131

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: CORPORATION COMPANY OF MIAMI By: Robert Sommerville, V.P. ROBERT C. SOMMERVILLE, VICE PRESIDENT 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	DP	☒ Change ☒ Addition
NAME	ROCA, EDUARDO		1.2 NAME	ROCA, EDUARDO	
STREET ADDRESS	9090 S. DADELAND BLVD.		1.3 STREET ADDRESS	9130 S. DADELAND BLVD., SUITE 100	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	VP	☐ DELETE	2.1 TITLE	DV	☒ Change ☒ Addition
NAME	PULENTA, LUIS		2.2 NAME	PULENTA, LUIS A.	
STREET ADDRESS	9090 S. DADELAND BLVD		2.3 STREET ADDRESS	9130 S. DADELAND BLVD, SUITE 100	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	ST	☐ DELETE	3.1 TITLE	DST	☒ Change ☒ Addition
NAME	GLAS, RICARDO		3.2 NAME	GLAS, RICARDO	
STREET ADDRESS	9090 S. DADELAND BLVD		3.3 STREET ADDRESS	9130 S. DADELAND BLVD., SUITE 100	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4/30/97

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***165.00

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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: Luis Pulenta, LUIS A. PULENTA, VICE PRESIDENT 4/28/97 (305) 670-3056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #