## 2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L94532

Entity Name: ODEBRECHT CONSTRUCTION, INC.

**FILED** Dec 15, 2016 **Secretary of State** CC5824087561

## **Current Principal Place of Business:**

201 ALHAMBRA CIRCLE **SUITE 1000** 

CORAL GABLES, FL 33134

## **Current Mailing Address:**

201 ALHAMBRA CIRCLE **SUITE 1000** CORAL GABLES, FL 33134 US

FEI Number: 65-0220703 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CHAMADOIRO, TAIS 201 ALHAMBRA CIRCLE **SUITE 1000** CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TAIS CHAMADOIRO 12/15/2016

> Date Electronic Signature of Registered Agent

> > VΡ

Officer/Director Detail:

Title Title PRESIDENT, CEO, DIRECTOR

Name STOREY, JAMES JR Name FLOR, JAIRO

201 ALHAMBRA CL. SUITE 1000 201 ALHAMBRA CIRCLE Address Address

**SUITE 1000** City-State-Zip: CORAL GABLES FL 33134

City-State-Zip: CORAL GABLES FL 33134

Title **SECRETARY** Title

CHAMADOIRO, TAIS Name Name BRITO, PAULO

201 ALHAMBRA CIRCLE Address Address 201 ALHAMBRA CIRCLE **SUITE 1000** 

**SUITE 1000** CORAL GABLES FL 33134

City-State-Zip: City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR Title **CFO** JANUARIO, FABIO

Name REIS, GONÇALO Name

201 ALHAMBRA CIRCLE Address 201 ALHAMBRA CIRCLE Address **SUITE 1000** 

**SUITE 1000** 

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

12/15/2016 SIGNATURE: TAIS CHAMADOIRO SECRETARY