

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L94532

**Entity Name:** ODEBRECHT CONSTRUCTION, INC.**Current Principal Place of Business:**6505 BLUE LAGOON DRIVE  
SUITE 465  
MIAMI , FL 33126**Current Mailing Address:**6505 BLUE LAGOON DRIVE  
SUITE 465  
MIAMI , FL 33126 US**FEI Number:** 65-0220703**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TUDE, MARIA  
6505 BLUE LAGOON DRIVE  
SUITE 465  
MIAMI , FL 33126 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:** MARIA TUDE**02/07/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT, CEO  
Name KERTZMAN, YURI  
Address 6505 BLUE LAGOON DRIVE  
SUITE 465  
City-State-Zip: MIAMI FL 33126

Title TREASURER  
Name REIS, GONÇALO  
Address 6505 BLUE LAGOON DRIVE  
SUITE 465  
City-State-Zip: MIAMI FL 33126

Title VP  
Name STOREY, JAMES  
Address 6505 BLUE LAGOON DRIVE  
SUITE 465  
City-State-Zip: MIAMI FL 33126

Title VP  
Name SILVEIRA, GUSTAVO  
Address 6505 BLUE LAGOON DRIVE  
SUITE 465  
City-State-Zip: MIAMI FL 33126

Title VP  
Name SIMON, LUIZ  
Address 6505 BLUE LAGOON DRIVE  
SUITE 465  
City-State-Zip: MIAMI FL 33126

Title SECRETARY  
Name TUDE, MARIA  
Address 6505 BLUE LAGOON DRIVE  
SUITE 465  
City-State-Zip: MIAMI FL 33126

*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.*

**SIGNATURE:** MARIA TUDE**SECRETARY****02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date