FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **822123** **(6)**

1. Corporation Name

MASTEC, INC.

Principal Place of Business	Mailing Address
8600 NW 36TH STREET 8TH FLOOR MIAMI FL 33166 US	8600 NW 36TH STREET 8TH FLOOR MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1968
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1259279 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MAS, JORGE	12 NAME	
STREET ADDRESS	8600 NW 36TH STREET,8TH FLOOR	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☒ Change ☐ Addition
NAME	PARERA, ISMAEL	22 NAME	V PERERA, ISMAEL
STREET ADDRESS	8600 NW 36TH STREET,8TH FLOOR	23 STREET ADDRESS	8600 NW 36TH STREET, 8TH FLOOR
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI FL.
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	VALDES, CARLOS	32 NAME	
STREET ADDRESS	8600 NW 36TH STREET 8TH FLOOR	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	DAMON, NANCY	42 NAME	
STREET ADDRESS	8600 NW 36TH STREET,8TH FLOOR	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	CONLEE, CECIL D	52 NAME	D MAS, JORGE
STREET ADDRESS	8600 NW 36TH STREET,8TH FLOOR	53 STREET ADDRESS	8600 NW 36TH STREET, 8TH FLOOR
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	MIAMI, FL.
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	HATHORN, SAMUEL C	62 NAME	D ABBOTT, ELIOT C.
STREET ADDRESS	1 N. UNIVERSITY DRIVE	63 STREET ADDRESS	8600 NW 36TH STREET
CITY-ST-ZIP	PLANTATION FL	64 CITY-ST-ZIP	MIAMI FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Nancy J. Damon NANCY J. DAMON 4-11-95 305-599-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CR# Z689 097 780

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