

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33166-6648
US**



2. Principal Place of Business 21 3155 NW 77th Ave Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip 24 33122 Country 25 US	2a. Mailing Address 26 3155 NW 77th Ave Suite, Apt. #, etc. 27 City & State 28 Miami FL Zip 29 33122 Country 30 US
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3. Date Incorporated or Qualified 12/02/1968	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1259279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAS, JORGE 8600 NW 36TH STREET, 8TH FLOOR MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3155 NW 77th Ave Miami FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PERERA, ISMAEL 8600 NW 36TH STREET 8TH FLOOR MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3155 NW 77th Ave Miami FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VALDES, CARLOS 8600 NW 36TH STREET 8TH FLOOR MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3155 NW 77th Ave Miami FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAMON, NANCY 8600 NW 36TH STREET, 8TH FLOOR MIAMI FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3155 NW 77th Ave Miami FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAS, JORGE 8600 NW 36TH STREET, 8TH FLOOR MIAMI FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABBOTT, ELIOT C. 8600 NW 36TH STREET MIAMI FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3155 NW 77th Ave Miami FL 33122

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:  REQUIRED **Nancy J. Damon** 1-10-97 305-599-1800
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)