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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

DOCUMENT # 822123 (6)
1. Corporation Name
MASTEC, INC.



Principal Place of Business: 8600 NW 36TH STREET, 8TH FLOOR, MIAMI FL 33166, US
Mailing Address: 8600 NW 36TH STREET, 8TH FLOOR, MIAMI FL 33166-6648, US

3. Date Incorporated or Qualified: 12/02/1968
3a. Date of Last Report: 04/24/1996
4. FEI Number: 59-1259279
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

2. Principal Place of Business: 3155 NW 77th Ave, Suite, Apt #, etc., Miami FL, Zip 33122, Country US
2a. Mailing Address: 3155 NW 77th Ave, Suite, Apt #, etc., Miami FL, Zip 33122, Country US

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
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: Signature type: For 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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, JORGE	1.2 NAME	
STREET ADDRESS	8600 NW 36TH STREET, 8TH FLOOR	1.3 STREET ADDRESS	3155 NW 77th Ave
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI FL 33122
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERERA, ISMAEL	2.2 NAME	
STREET ADDRESS	8600 NW 36TH STREET 8TH FLOOR	2.3 STREET ADDRESS	3155 NW 77th Ave
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	MIAMI FL 33122
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, CARLOS	3.2 NAME	
STREET ADDRESS	8600 NW 36TH STREET 8TH FLOOR	3.3 STREET ADDRESS	3155 NW 77th Ave
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	MIAMI FL 33122
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMON, NANCY	4.2 NAME	
STREET ADDRESS	8600 NW 36TH STREET, 8TH FLOOR	4.3 STREET ADDRESS	3155 NW 77th Ave
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	MIAMI FL 33122
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, JORGE	5.2 NAME	
STREET ADDRESS	8600 NW 36TH STREET, 8TH FLOOR	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, ELIOT C.	6.2 NAME	
STREET ADDRESS	8600 NW 36TH STREET	6.3 STREET ADDRESS	3155 NW 77th Ave
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	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: *Nancy J. Damon* 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)