

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005094 (6)**

1. Corporation Name
MASTEC TECHNOLOGIES, INC.



Principal Place of Business: **8600 NW 36TH ST. MIAMI FL 33166**
Mailing Address: **8600 NW 36TH ST. MIAMI FL 33166**

3. Date Incorporated or Qualified: **10/19/1995**
3a. Date of Last Report: [Blank]
4. FEI Number: **65-0599178**
Applied For: [Blank] / Not Applicable
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: [Blank]
2a. Mailing Address: [Blank]
21. Suite, Apt. #, etc.: [Blank]
22. **8th Floor**
27. **8th Floor**
23. City & State: [Blank]
28. City & State: [Blank]
24. Zip: [Blank] Country: [Blank]
25. Zip: [Blank] Country: [Blank]
29. Zip: [Blank] Country: [Blank]
30. Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] State: **FL** Zip Code: 85 [Blank]

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		
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MAS, JORGE	
STREET ADDRESS	8600 NW 36TH ST.	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAS, RAMON	
STREET ADDRESS	8600 NW 36TH ST.	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PERERA, ISMAEL	
STREET ADDRESS	8600 NW 36TH ST.	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	VALDES, CARLOS A	
STREET ADDRESS	8600 NW 36TH ST.	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SARIEGO, JOSE M	
STREET ADDRESS	8600 NW 36TH ST.	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAMON, NANCY J	
STREET ADDRESS	8600 NW 36TH ST.	
CITY - ST - ZIP	MIAMI FL 33166	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 Date: 4-7-96 Telephone: 305-599-1800

CR2E034 (12/95)