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**Feb 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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.
8TH FLOOR
MIAMI FL 33166
US**

Mailing Address
**8600 NW 36TH ST.
8TH FLOOR
MIAMI FL 33168-6648
US**

3. Date Incorporated or Qualified **10/19/1995** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business
21 **3155 NW 77th Ave**
Suite, Apt. #, etc.
22
City & State
23 **Miami FL**
Zip Country
24 **33122** 25 **US**

2a. Mailing Address
26 **3155 NW 77th Ave**
Suite, Apt. #, etc.
27
City & State
28 **Miami FL**
Zip Country
29 **33122** 30 **US**

4. FEI Number **65-0599178** Applied For
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

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
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 _____
(NOTE: Registered Agent signature required when reinstating.)

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3155 NW 77th Ave	
1.4 CITY-ST-ZIP	MIAMI FL 33122	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	3155 NW 77th Ave	
2.4 CITY-ST-ZIP	MIAMI FL 33122	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3155 NW 77th Ave	
3.4 CITY-ST-ZIP	MIAMI FL 33122	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	3155 NW 77th Ave	
4.4 CITY-ST-ZIP	MIAMI FL 33122	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	3155 NW 77th Ave	
5.4 CITY-ST-ZIP	MIAMI FL 33122	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	3155 NW 77th Ave	
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* **Nancy J. Damon 1-9-97 305-599-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)