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

**PROFIT** CORPORATION : ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 194 0000 27010

FORD Engineers, Inc.

## May 15, 1999 8:00 am Secretary of State

05-15-1999 90008 012 \*\*\*150.00



Principal Plac	e of Business	Mailing Address			
1950 NW 94 AVENUE		1950 NW 94 AVENUE	1950 NW 94 AVENUE		
SECOND FLOO		SECOND FLOOR			DO NOT WRITE IN THIS SPACE
MIAMI FL 33172 US		MIAMI FL 33172 US	MIAMI FL 33172		Date Incorporated or Qualifed
05		00			418194
2. Principal Place of Business 2a. Mailing Addr			ddress		4. FEI Number Applied For
21		26	6		65-090331   Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Sa.75 Additional
22 27		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
• Zìp	Country	Zip	Country	•	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent		1	10. Name and Address of New Registered Agent
N.	Manuel T. Ea	rezarreta	81	Name	
1**	IDEA NUL GITTA	MANUEL	82	Street Addr	ress (P.O. Box Number is Not Acceptable)
	RADO MIN RAIL L	טוזשא			,
	seceny troov		83		
	Minmi Fi 33	1172	84	City	85 Zip Code
	11.0			1	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	atutes, the above	e-named corp	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
office or r	egistered agent, or both, in the State	e of Florida. Soch change wa ations of Section 607 0505	s authorized by Florida Statutes	the corporation	on's board or directors. I hereby accept the appointment as registered
	Multer	nate 1	VIVA10.	LTMOZ	19/19/99
SIGNATURE	Signature, typed or printed name of registered as	pent and title if applicable. (N	OTE: Registered Ager	nt signature required	od when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
,mr. <b>P</b>	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Echezarreta, Imar	uel J.	1.2 NAME		
STREET ADDRESS	laso NW99'aven	je	1.3 STREE	T ADDRESS	
CITY-ST-ZIP	Miami F 331	12	1.4 CITY-S	T-ZIP	
TITLE 🗸	VAVAARIALEMIS AMA	DELETE	2.1 TITLE	,	☐ Change ☐ Addition
NAME	TI (YIET HOTO) JUIT Y	Y Harter	2.2 NAME	1	
STREET ADDRESS		nve	2.3 STREE	TADDRESS	•
	Miomi, 1~ 331	72	2.4 CITY-S		
CITY-ST-ZIP		DELETE		,, 2,	Change Addition
NAME	PRADOKU. TODO +	┪.	3.2 NAME		
STREET ADDRESS	1950 NH194 OVE	ile		T ADDRESS	'
	Wigni 6 33	72	3.4. CITY-5	}	
CITY-ST-ZIP TITLE	ANTION. EIL TE .33	☐ DELETE		-1-4II	☐ Change ☐ Addition
		_ 555575	4.2 NAME		<del></del>
NAME			4	TANDRESS	
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	1-214	· Change Addition
TITLE		\[ \text{refe}	5.1 TITLE 5.2 NAME	1	
NAME				TADDOESO	
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	CT Observe CT Addition
TITLE		☐ DELETE			☐ Change ☐ Addition
NAME			6.2 NAME	1	
				ı	
STREET ADDRESS			6.3 STREET	TADDRESS	

14. I 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 of 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 changes, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

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