FOR PROFIT CORPORATION

	MILOUM BOSINE	33 KEPUKI	(ARK)		•			
DOCUMENT # P960000 43178 1. Entity Name					FILED			
FAF ENGINEERING CONTRACTOR INC.					02 MAR -5 PM 1: 30			
DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALLAHASSEE, FLORICA			
2. Principal Place of Business 7575 W. FLAGLER ST. 7575 W. 7 Suite, Apt. #, etc. SUITE 208 3. Mailing Address 7575 W. 7 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			FLAGLER ST. IITE #208		DO NOT WRITE IN THIS SPACE			
City & State MIAMI FL.		City & State MIAMI, FL.		4. 1	4. FEI Number 65.0689853 Applied For Not Applicable			
Zip 33	3144 Country USA	^{Zip} 33144	Country US	A 5.	Certificate of Status Desired	≸ \$8. Fee	75 Additional Required	
				7. Na	me and Address of Current	Registered Age	ent	
	·		Name	_				
DO NOT WRITE				ALEXANDER G. CUBAS				
	.,		. Street A	ddress (P.O. B	ox Number is Not Acceptable)		
IN THIS SPACE			1062	10621 N. KENDALL DRIVE SUITE 204				
				City MIAMI FL Zip Code 38/76				
0 The show	e named entity submits this statement for			777777			35/76	
Tax filing	oration is eligible to salisfy its Intangible requirement and elects to do so. ria on back)		Fee is \$550.00 UBR is \$61.25		10. Election Campaign Fin Trust Fund Contribution	· -	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	RECTORS		·				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PRESIDENT FAUSTO E. GUERRE 17082 SW 9187 A. MIAMI, FL. 331		TITLE NAME STREET ADDRESS CITY-ST-ZIP			5/02010	730 116004 ***158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICEPRESIDENT CASTILLO, BALDOMERO \$ 681 S.E. PRIMERA PLACE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.			**************************************	
TITLE	VICE PRESIDENT		TITLE					
NAME	MIRANDA, ROGUE		NAME		*	. ,		
STREET ADDRESS CITY-ST-ZIP	13 10 TEAGER ST. A COO		STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE	,	
TUTLE	VICEPRESIDENT		TITLE		IN THIS S	DACE		
NAME	HIRANDA. MAYIHILI	AND .	NAME		114 [1110]	MOE	l	
STREET ADDRESS (7575 WFLAGEER	ST FLOD	STREET ADDRESS			•	j	
MY-16-1410	MIAMI, FC. 2314	4	CITY-ST-ZIP	`			`	
TITLE			TITLE	. •		4 44 F - 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	10 m	
NAME			NAME	,				
STREET ADDRESS	·		STREET ADDRESS		•	* k _ k		
CITY-ST-ZIP			CITY-ST-ZIP	à.	<u> </u>		<u> </u>	
FITLE			TITLE		V 1 W	®	7	
NAME OTHER ANDRESS			NAME		7 1	0		
STREET AUDRESS		,	STREET ADDRESS		at .			
CHY-ST-ZIP			CITY-ST-ZIP					
indicated	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empow	ie and accurate and that my s	signature shall hav	ve the same te	gal effect as if made under or	ath; that I am an e	officer or director	

attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT 3-4-62 (305)796-1186

DR DIRECTOR Dale Dayline Phone !