## 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 # P96000054160

1. Corporation Name

FERCO ENGINEERING, INC.

Principal Pla	ice of Business	Mailing Address			- I IODIIODI IED EDEID DEIIE DEIIE BRUST BRUST BRUST BR	isis watar aisir alaan isaca aisir aali laaf
7103 SW 143 PLACE 7103 SW 143 PLACE						
MIAMI FL 331		MIAMI FL 33183				
		W. W. L. DO. 100			DO NOT WRITE I	N THIS SPACE
1 2					3. Date Incorporated or Qualifed	
					06/24/1996	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0678197	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional * Fee Required
City & Sta	ate	City & State		·	6. Election Campaign Financing	
23		28			Trust Fund Contribution	. <b>\$5.00</b> May Be Added to Fees
Zip	Country	Zip	Country		<del></del>	
24		`			8. This corporation owes the current y	
24	25		30		Personal Property Tax.	☐ Yes 🔼 No
-	9. Name and Address of Curr	ent Registered Agent	<del></del>		10. Name and Address of New Regis	tered Agent
TAN	IDRON, MARIA G	•	81	Name		
	S SW 143 PLACE	•	82 Street Add		ess (P.O. Box Number is Not Acceptable)	
	· · · · · · · · · · · · · · · · · ·				the state of the s	
MIA	MI FL 33183	•	83		1 / 11/2/2012 1944 200 20	JACA STRUMBER STRUM
4						\$ \$
ļ <u>.</u>			84	City	र र काक्का सामितिकीयितिकार उद्यक्ति झाँची	85 Zip Code
44 D		500 L007 1500 F				<u>fl </u>
office or	registered agent, or both, in the Sta	502 and 507.1508, Florida Statute te of Florida: Such change was au	s, the above thorized by	e-named corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its registered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes.	the corporation	113 board of directors. I flateby accept the	appointment as registered
SIGNATURE					•	
	Signature, typed or printed name of registered a	igent and title if applicable. (NOTE:	Registered Agent	t signature required	d when reinstating)	ATE
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
milE	PD	☐ DELETE	1.1 TITLE	. [	77.75.75.75	☐ Change ☐ Addition
NAME	TANDRON, MARIA G		1.2 NAME		7	
STREET ADDRESS						•
	I		1.3 STREET	ADDRESS		•
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST	.710		
TITLE	VP		_	- 21		
NAME	LAMBTRIET CARLOS C	☐ DELETE	2.1 TITLE	-21		☐ Change ☐ Additio
STREET ADDRESS	MARTINEZ, CARLOS E	☐ DELETE	_	-211	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Additio
	I .	☐ DELETE	2.1 TITLE 2.2 NAME		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Additio
CITY-ST-ZIP	7103 SW 143 PLACE	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS		☐ Change ☐ Additio
TITLE ,	I .	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 C/TY-ST	ADDRESS		_ ,
TITLE	7103 SW 143 PLACE		2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE	ADDRESS		☐ Change ☐ Additio
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TITLE NAME STREET ADDRESS	7103 SW 143 PLACE		2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE	ADDRESS F-ZIP		_ ,
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	7103 SW 143 PLACE	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 C/TY-S1 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. C/TY-S1 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 C/TY-S1	ADDRESS ADDRESS -ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	7103 SW 143 PLACE	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-SI 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-SI 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS ADDRESS -ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Additio

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 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 eceiver 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, with all other like empowered.

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY- ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

REET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 

02-09-1999 90019 022 \*\*\*150.00