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

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90192 042 ***158.75

DOCUMENT # P9800070874 N D T ENGINEERING SERVICES, INC.				
				I HETATAL HA IDITA KANI OCHA DOMI BEHA BEHA BEHA BEKAL HAN IBAH BAHA HAN BARA KAN
The state of the s				
Principal Place	e of Business	Mailing Address		
671 NW 122ND ST 671 NW 122ND ST Miami Fl 33168 Miami Fl 33168				
				DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Qualifed 08/13/1998
2. Principal P	lace of Business 65 Taff Street	2a. Mailing Address	65 213	7 4. FEI Number Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State 28 OPa Lock	a. PL	6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
Zip	024 25 USA	Zip 33055 [30	Country	8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
JENNINGS, KEITH B				Shery Walter Halcom
671 NW 122ND ST 82			82 Street	Address (P.O. Box Number is Not Acceptable) 6365 Talt Sheet
MIAMI FL 33168			83	Suite 3002
			84 City	Hollywood FL 85 Zip Code 33024
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. On 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 Signature: System of postic yarms of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ·	☐ DELETE	1.1 TITLE	Proci den la Change (M'Addition
NAME	Jennings, Keith B		1.2 NAME	Sheryi Walters Halcolm
STREET ADDRESS	1100 NW 203RD ST		1.3 STREET ADDRESS	Shery Walters Malcolm 6365 Taff Street; Suite 3002
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-ST-ZIP	Halywood, FC 33024
TITLE		□ nel ète	21 TITI C	Change Addition

NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change TITLE 3.1 TITLE ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE TITLE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ DELETE TITLE. ☐ Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 receiver of 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.

SIGNATURE:

MATURE AND TYPED OR PRIVATE NAME OF SIGNING OFFICER OR DIRECTO

4/19/99

954-981-799

Daytime Phone #