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**Mar 27 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 # 006518 (5)

1. Corporation Name
BISCAYNE ENGINEERING COMPANY, INC.



Principal Place of Business

**529 WEST FLAGLER STREET
BOX 1164
MIAMI FL 33130**

Mailing Address

**529 WEST FLAGLER STREET
BOX 1164
MIAMI FL 33130-1300**

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/12/1914 | 3a. Date of Last Report 02/27/1996 |
| 4. FEI Number 59-0165220 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

**GOMEZ, HUMBERTO
2050 NW 103 TR
CORAL SPRINGS FL 33130**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

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: *Thomas Casola*

(NOTE: Registered Agent signature required when reinstating)

3/24/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | DO | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASOLA, THOMAS | 1.2 NAME | |
| STREET ADDRESS | 457 BAHIA AVE | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | KEY LARGO FL | 1.4 CITY-STATE-ZIP | |
| TITLE | PDO | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOMEZ, HUMBERTO | 2.2 NAME | |
| STREET ADDRESS | 2050 NW 103RD TR | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | CORAL SPRINGS FL | 2.4 CITY-STATE-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLTON, GEORGE C | 3.2 NAME | |
| STREET ADDRESS | 314 ARIZONA ST | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | HOLLYWOOD FL | 3.4 CITY-STATE-ZIP | |
| TITLE | O | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRIZUELA, ROBERTO R | 4.2 NAME | Bruee, Selvin |
| STREET ADDRESS | 121 NW 136TH CT | 4.3 STREET ADDRESS | 16110 S.W. 154 ave |
| CITY-STATE-ZIP | MIA | 4.4 CITY-STATE-ZIP | miami, FL 331387 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

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 contained 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: *Thomas Casola* **Thomas Casola** **3/24/97** **(305) 324-7671**

CR2E034 (9/96)