

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

3. Date Incorporated or Qualified: 01/12/1914
4. FEI Number: 59-0165220
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

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: Thomas Casola
82. Street Address (P.O. Box Number is Not Acceptable): 457 Bahia Ave.
83.
84. City: Key Largo FL 85. Zip Code: 33037

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* DATE: 4/2/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DO	1.1 TITLE	PDO
NAME	CASOLA, THOMAS	1.2 NAME	
STREET ADDRESS	457 BAHIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	
TITLE	PDO	2.1 TITLE	D
NAME	GOMEZ, HUMBERTO	2.2 NAME	Ferrer, Beatriz
STREET ADDRESS	2050 NW 103RD TR	2.3 STREET ADDRESS	2410 N.W. 102 Terr.
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	D	3.1 TITLE	
NAME	BOLTON, GEORGE C	3.2 NAME	
STREET ADDRESS	314 ARIZONA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	O	4.1 TITLE	
NAME	BRUCE, SELVIN	4.2 NAME	
STREET ADDRESS	16110 SW 154 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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* DATE: 4/2/98 (305) 324-7671

CR2E034 (10/97)