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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 006518

1. Corporation Name BISCAYNE ENGINEERING COMPANY, INC.



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 529 WEST FLAGLER STREET BOX 1164 MIAMI FL 33130
2a. Mailing Address 529 WEST FLAGLER STREET BOX 1164 MIAMI FL 33130
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

9. Name and Address of Current Registered Agent CASOLA, THOMAS 457 BAHIA AVENUE KEY LARGO FL 33037

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 35 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include PDD CASOLA, THOMAS; D FERRER, BEATRIZ; D BOLTON, GEORGE C; O BRUCE, SELVIN.

Handwritten notes and signatures in the additions/changes section, including 'PO', '\$VP', 'VP', and 'Change title over Mr. Casola'.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 49.37(3)(l), 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 its 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, with all other like empowered.

SIGNATURE: Thomas Casola Thomas Casola 1/27/99 (305) 324-7671