Mailing Address

1. Corporation Name

Principal Place of Business

DOCUMENT # 306122



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

CONTINENTAL ENGINEERING OF SOUTH FLORIDA, INC.

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90138 039 \*\*\*150.00

2041 N W 2ND AVE MIAMI FL 33127 - 약 5 2 약		830 NE 74TH ST. MIAMI FL 33138 -523 Y US		DO NOT WRITE	DO NOT WRITE IN THIS SPACE					
		US	•		3. Date Incorporated or Qualifed 06/13/1966					
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		· [ [	Applied For		
21		26			59-1165754			Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>-</b> - · ·	5 Additional Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		•	00 May Be ed to Fees		
Zip	Country	Zip 29 3	Country	y	-8This corporation owes the currer Personal Property Tax.		☐Yes	□No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered A	gent			
			81	Nam	е					
SAARY, IRENE 830 N E 74TH STREET			82	Stree	t Address (P.O. Box Number is Not Acceptable)					
MIAM	I FL 33138 <i>-5</i> メ3 <i>午</i>		83	1						
			84	City		FL	85 Z	ip Code		
office or re agent. I am	o the provisions of Sections 607.050: gistered agent, or both, in the State i familiar with, and accept the obligat	of Florida. Such change was aut	nonzea oy	/ the col	d corporation submits this statement for the proration's board of directors. I hereby accept	urpose of c the appoin	hanging tment as	its registered registered		
SIGNATURE	Ignature, typed or printed name of registered ager	t and title if applicable. (NOTE: R	Registered Age	ent signatur	re required when reinstating)	DATE				
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	CERS AN	D DIREC	TORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE				☐ Chan	ge		
NAME	SAARY,IRENE		1.2 NAME					ì		
STREET ADDRESS	830 NE 74TH ST.		1.3 STREE	T ADDRES	ss			Ì		
CITY-ST-ZIP	MIAMI FL - 33/38-5	234	1.4 CITY-	ST-ZIP	<u> </u>					
TITLE	PT	☐ DELETE	2.1 TITLE		•		Chang	ge Addition		
NAME	SAARY, IRENE		2.2 NAME					[		
STREET ADDRESS	830 NE 74TH ST		2.3 STREE	ET ADORES	ss					
CITY-ST-ZIP	MIAMI, FL 00000		2. 4 CITY-	ST-ZIP						
TITLE	VD	_ DELETE	3.1 TITLE				Chang	ge Addition		
NAME	SOUTHERLAND, DONALD		32 NAME			•				
STREET ADDRESS	181 NW 41 STREET		3.3 STREE	ET ADDRES	ss					
CITY-ST-ZIP	MIAMI FL -33127		3.4. CITY-	ST-ZIP			-			
TITLE		☐ DELETE	4.1 TITLE				Chan	ge 🔲 Addition		
NAME			4.2 NAME	:						
STREET ADDRESS			4.3 STREE	ET ADDRES	ss ·					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE				Chan	ge Addition		
NAME			5.2 NAME					Ţ		
STREET ADDRESS			5.3 STREE	ET ADDRES	ss		,			
CITY-ST-ZIP			5.4 CITY-							
TITLE		☐ OELETE	6.1 TITLE				Chan	ge		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	ET ADDRES	ss			ľ		
							4			

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, with all other like empowered.

SIGNATURE: