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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU	JMENT # 465520	O (5)				
	ENGINEERING, INC.					
Principa! Pla	ace of Business	Mailing Address		} 1 (08(1) 8)9(0 5)10(9)7(1 9)7(1 1)8(1)		I DIAN GIVII DIAN IAA
2515 N. STATE RD. 7 SUITE 207 MARGATE FL 33063		2515 N. STATE RD. 7 SUITE 207 MARGATE FL 33063-5721		:		
				3. Date incorporated or Qualified 11/26/1974		of Last Report /1996
2, Principal 21	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-1584412		Applied Fo
	ot.#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired)X	\$8.75 Additions
City & St	tate	City & State		Election Campaign Financing Trust Fund Contribution	<u> </u>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		x under s. 199.03
24	25 9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes 10. Name and Address of New Re	Yes A	
MI	UNGUIA, GUSTAVO		81 Name			
4070 N.W. 5TH ST.			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
CC	OCONUT CREEK FLORIDA	33066	83			
			84 Gity		! ***1	85 Zip Code 3306
44 0	at the second second Continue CO7 OF	500 and 607 1509 Florida Chat.	the the above named on	rporation submits this statement for the p	FL	3306
agent I SIGNATURE	ESignature, typed or printed name of registored a	agent and title II applicable. (NC	forida Statutes. DTE: Registered Agent signature req		DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
III(f	PD ANNIOLIS CHOTAVO	[_] DELETE	1.1 TITLE		L.	Change Ad
NAME	MUNGUIA, GUSTAVO 4070 NW 5TH ST.		1.2 NAME			
STREET ADDRESS GIEVES* ZIP	COCONUT CREEK FL		1.3 STREET ADDRESS			
THILE	DV	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE			Change Ad
NAME	MUNGUIA, ANITA	<u></u>	2 2 NAME		_	. <u> </u>
STREET ADDRESS	AARA BRU PTILAT		2.3 STREET ADDRESS			
CHY-S1-ZiP	COCONUT CREEK FL		2.4 CITY-ST-ZIP			
TOLE		DELETE	3,1 TITLE		L	Change Ad
NAME Expert 5 Approved	,		3.2 NAME			
STREET ADDRESS	\$		3.3 STREET ADDRESS			
CITY - ST- ZIP		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		<u>-</u>	Change Ad
NAME			4. 2 NAME			
STREET ADDRESS	2		4.3 STREET ADDRESS			
City - St - ZiP			4.4 CITY-ST-ZIP			
THLE		☐ DELETE	5.1 TITLE			Change Ad
NAME			5.2 NAME			
STREET ADDRESS	8		5.3 STREET ADDRESS			
CITY - \$1 - 74°			5.4 CITY-ST-ZIP			
THILE		☐ DELETE	61 TITLE		Ĺ.	_lChange [lAd-
NAME			6.2 NAME			
STREET ADDITÉS	8		6.3 STREET ADDRESS			
CHY-SU-ZIP	1		6.4 CITY - ST - ZIP			

14. Los 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUS TAVO MUNGUIA

954) 971-0400

FILED

May 08 1997 8:00am

Secretary of State