FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **568701** **(7)**

1. Corporation Name

ALD ENGINEERING, INC.

Principal Place of Business

3971 SW 8TH ST. STE 309
MIAMI FL 33134

Mailing Address

3971 SW 8TH ST. STE 309
MIAMI FL 33134

3. Date Incorporated or Qualified: **04/14/1978**

3a. Date of Last Report: **02/21/1995**

4. FEI Number: **59-1814598** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

TEMKIN, RONALD E.
616 ATLANTIC SHORES BLVD
SUITE A
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1 TITLE	☒ Change ☐ Addition
NAME	DOCAL, ABELARDO L JR	2 NAME	
STREET ADDRESS	~~9935 N.E. 4 AVE., RD.~~	3 STREET ADDRESS	5705 Acosta Road
CITY-ST-ZIP	~~MIAMI SHORES FL~~	4 CITY-ST-ZIP	Fairfax, VA. 22031
TITLE	STD ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	TEMKIN, MARIA T	2 NAME	
STREET ADDRESS	9935 NE 4 AVE. RD.	3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	1 TITLE	☒ Change ☐ Addition
NAME	DOCAL, ANTONIO A	2 NAME	
STREET ADDRESS	~~1143 W NANCY CREEK DR~~	3 STREET ADDRESS	12240 Meadows Lane
CITY-ST-ZIP	~~ATLANTA GA~~	4 CITY-ST-ZIP	Alpharetta, GA 30202
TITLE	D ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	DOCAL, MARIA T	2 NAME	
STREET ADDRESS	410 NE 94TH STREET	3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 00000	4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	DOCAL, ABELARDO L	2 NAME	
STREET ADDRESS	410 NE 94TH STREET	3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 00000	4 CITY-ST-ZIP	
TITLE	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: A. C. Docal 2/21/96 305-442-1898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A. Docal President

CR2E034 (12/95)