

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **576205** (9)

1. Corporation Name
J F M ENGINEERING INC.

Principal Place of Business Mailing Address
7880 NW 56 ST. MIAMI FL 33166 **7880 NW 56 ST. MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/19/1978	3a. Date of Last Report 04/22/1994
4. FEI Number 59-1860419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	30

9. Name and Address of Current Registered Agent

**MIBELLI, JOSEPH F.
6655 S.W. 93RD AVENUE
MIAMI FL 33173**

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 607.1508, 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 _____ DATE _____
Signature typed or printed name of registered agent and the filer (applicant) (NOTE: Registered Agent Signature required when substituting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIBELLI, JOSEPH F.
STREET ADDRESS	6655 S.W. 93RD AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	STD
NAME	MIBELLI, PATRICIA L.
STREET ADDRESS	6655 S.W. 93RD AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	LOPEZ, PATRICIA M.
STREET ADDRESS	9031 S.W. 122 AVE. #111
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	NOVOA, P. ISABEL
STREET ADDRESS	7825 S.W. 56 ST. #C-211
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 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)(k), Florida Statutes. I further certify that the information indicated on this report is a true and accurate supplemental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if employed, or on an affidavit if not.

SIGNATURE: **JOSEPH F. MIBELLI** **25 APR 95** (206) 592-2322