## 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

DOCUMENT # 630221

(0)

Mailing Address

C.A.L. ENGINEERING CO.

Principal Place of Business

**FILED** Apr 18 1997 8:00am Secretary of State



4345 BW 72 AVENUE BUITE G MIAMI FL 33155 US		4345 SW 72 AVENUE SUITE G MIAMI FL 33155-4530 US	SUITE G Miami FL 33155-4530		3. Date Incorporated or Qualified 07/20/1979	3a. Date of Last Report 05/31/1996	
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	·	Applied For
21		26			59-2038673		Not Applicable
Suite, Apt.		Suite, Apt #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	ip Country Zip  25 29  9. Name and Address of Current Registered Agent			У	Florida Statutes	ty for intangible tax under s. 199.032, Yes No	
1 (7)		rrent Registered Agent	B1	I Name	10. Name and Address of New Reg	Istered Agent	
	NDIVE, ARMANDO		[8]				
2500 DOUGLAS ROAD CORAL GABLES FL FL			83		dress (P.O. Box Number is Not Acceptab	le)	
			6.	<b>'</b>			
		_	84	,		- FL     `	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the o	.0502 and 607.1508, Florida Statu Itate of Florida. Such change was bligations of, Section 607.0505, Fl	tes, the above authorized b lorida Statute	ve-named cor by the corpora es.	poration submits this statement for the pration's board of directors. I hereby accep	urpose of changing t the appointment a	its registered s registered
SIGNATURE							and the second s
12.	Signature, typed or printed harne of registors  OEFICERS	d agent and title if applicable (NO AND DIRECTORS	TE Registered As	gent signature requ	ried when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	DO IN CO
TITLE	PO	DELETE	1.1 10 LF		ADDITIONS/OFFICES TO OFFIC	Change	
NAME	CARDOSO, CARLOS J	guide Control of Contr	1.2 NAME				
STREET ADDRESS	5901 SWS 95TH CT			1 ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CHY-	S1-ZIP			
TITLE	CARDOSO, LUCY M		2.1 1111.6			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	5901 SWS 95TH CT		23 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL		2 4 Cn Y	ST-ZIP			- 1000
TITLE	DELETE		31 1111			LJ Change	L Addition
NAME CTREET ADDRESS			3.2 NAME	X 10000000			
STREET ADDRESS CITY-ST-ZIP				1 ADDRESS			
TITLE	DELETE		4.1 TITLE	3.4. CITY-ST-ZiP		Addition	
NAME		<del></del>	4. 2 NAMI				
STREET ADDRESS				1 ADORESS			
CITY-\$T-ZIP			4.4 CITY-	S1-2(P			
TITLE		DELETE	5.1 TITLE	7		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			ſ	T ADDRESS			
CITY-ST-ZIP		There are	5.4 CHY-	ST-ZIP		, , , , , , , , , , , , , , , , , , ,	
TITLE		☐ DELETÉ	6.1 TITLE			L Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			6.4 CITY -	S1-ZIP			

14. I do 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.

CARLOS CARDOSO

(305)666-2750