SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

# NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 19 1998 8:00am
Secretary of State

DOCUMENT # 718969 (9)

1. Corporation Name
ASSOCIATION OF CUBAN ENGINEERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 557575<br>MIAMI FL 33155 | P.O. BOX 557575<br>MIAMI FL 33155 |

3. Date Incorporated or Qualified: 08/07/1970
4. FEI Number: 59-6245455 ☐ 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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

**9. Name and Address of Current Registered Agent**

CASADO, GUSTAVO E
8000 SW 68TH TERRACE
MIAMI FL 33143

**10. Name and Address of New Registered Agent**

81 Name: Irma Becerra-Fernandez, Past Preside
82 Street Address (P.O. Box Number is Not Acceptable): 10901 SW 120 ST
83
84 City: Miami FL 85 Zip Code: 33176

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 8/7/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☒ DELETE | 1.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | FERNANDEZ, IRMA B | | 1.2 NAME | WILLIAM PINO | |
| STREET ADDRESS | 10901 SW 120TH ST. | | 1.3 STREET ADDRESS | 1300 CORAL WAY #300 | |
| CITY-ST-ZIP | MIAMI FL 33176 | | 1.4 CITY-ST-ZIP | MIAMI, FL 33145 | |
| TITLE | V | ☒ DELETE | 2.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | DIAZ, OSCAR | | 2.2 NAME | MARIO PLA | |
| STREET ADDRESS | 10821 SW 33RD STREET | | 2.3 STREET ADDRESS | 13972 SW 25 ST. | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | MIAMI, FL 33175 | |
| TITLE | T | ☒ DELETE | 3.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | PLA, MARIO | | 3.2 NAME | JACINTO RODRIGUEZ | |
| STREET ADDRESS | 13972 SW 25TH STREET | | 3.3 STREET ADDRESS | 14251 SW 18 ST | |
| CITY-ST-ZIP | MIAMI FL | | 3.4 CITY-ST-ZIP | MIAMI, FL 33175 | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | RODRIGUEZ, MANOLO | | 4.2 NAME | OSCAR DIAZ | |
| STREET ADDRESS | 5955 SW 88 CT. | | 4.3 STREET ADDRESS | 10821 SW 33 ST | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | GUTIERREZ, JOHN | | 5.2 NAME | MICHAEL ACOSTA | |
| STREET ADDRESS | 5767 SW 89 LANE | | 5.3 STREET ADDRESS | 11501 SW 60 Terr. | |
| CITY-ST-ZIP | COOPER CITY FL 33328 | | 5.4 CITY-ST-ZIP | MIAMI, FL 33172 | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | LUIS-CASTILLO, MAYRA | | 6.2 NAME | ANTONIO CHOY | |
| STREET ADDRESS | 6891 WINGED FOOT DR. | | 6.3 STREET ADDRESS | 11821 SW 94 St | |
| CITY-ST-ZIP | MIAMI FL 33015 | | 6.4 CITY-ST-ZIP | MIAMI, FL 33186 | |

CR2E037 (5/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ 8/7/98. 305-5534750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #