FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 718969 1. Corporation Name

ASSOCIATION OF CUBAN ENGINEERS, INC.

Principal Place of					
P.O. BOX	557575				
MIAMI FI	33155				

Mailing Address

FILED Jan 23, 1999 8:00am **Secretary of State**

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P.O. BOX 557575 MIAMI FL 33155		P.O. BOX 557575 MIAMI FL 33155				
2. Principal Pl	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 08/07/1970		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	451	4. FEI Number 59-6245455	Applied For Not Applicable	
City & State	ө	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Zip 24	Country 25	Zip . 3	Country	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	9. Name and Address of Cu			10. Name and Address of New Registered Agent		
			81 Name			
IRMA BECERRA-FERNANDEZ 10901 SW 120 ST				Address (P.O. Box Number is Not Acceptable)		
MIAMI FL			83			
			84 City	-	85 Zip Code	

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature rea	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PINO, WILLIAM	1.2 NAME	
STREET ADDRESS	1300 CORAL WAY #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	1.4 CfTY-ST-ZłP	
TITLE	V □ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PLA, MARIO	2.2 NAME	
STREET ADDRESS	13972 SW 25TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP	
TITLE	T DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME, DA STA	RODRIGUEZ, JACINTO	3.2 NAME	
STREET ADDRESS	14251 SW 18TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	3.4. CITY+ST-ZIP	
TITLE	D DELETE	4.1 TITLE	☐ Change ☐ Addition
NAMĘ ,	DIAZ, OSCAR	4. 2 NAME	and the second s
STREET ADDRESS	10821 SW 33RD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	4.4 CITY-ST-ZIP	
TITLE	D DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME -	ACOSTA, MICHAEL	5.2 NAME	
STREET ADDRESS	11501 SW 60TH TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP	
TITLE	D DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CHOY, ANTONIO	6.2 NAME	
STREET ADDRESS	11821 SW 94TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAM) FL 33186	6.4 CITY-ST-ZIP	Continue 440 07/20/3) Floride Chabates I foutbox contifu that the information

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 informati 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 attackment with an address, with all other like empowered.

SIGNATURE: