

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

FILED  
Mar 12 1997 8:00am  
Secretary of State

DOCUMENT # **F93000000132 (1)**

1. Corporation Name

**KEY ENGINEERING OF DADE COUNTY, INC.**



Principal Place of Business

**CUTLASS BUILDING, WICKHAM'S CAY ROAD TOWN  
TORTOLA  
BRITISH VIRGIN ISLANDS**

Mailing Address

**251 CRANDON BLVD., #306  
TORTOLA  
KEY BISCAYNE FL 33149-1507  
US**

3. Date Incorporated or Qualified  
**01/11/1993**

3a. Date of Last Report  
**10/24/1996**

4. FEI Number

**NOT APPLICABLE**

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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**IRIONDO, ANDRES J. CPA  
901 PONCE DE LEON SUITE 501  
CORAL GABLES FL 33134**

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

(Signature required to print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
SERVCO LIMITED  
CUTLASS BLDG., WICKHAM'S CAY ROAD TOWN  
TORTOLA, BR. VIRGIN ISLANDS**

NAME ☐ DELETE

**NAME  
CUTLASS BLDG., WICKHAM'S CAY ROAD TOWN  
TORTOLA, BR. VIRGIN ISLANDS**

STREET ADDRESS ☐ DELETE

**STREET ADDRESS  
CUTLASS BLDG., WICKHAM'S CAY ROAD TOWN  
TORTOLA, BR. VIRGIN ISLANDS**

CITY - ST - ZIP ☐ DELETE

**CITY - ST - ZIP  
TORTOLA, BR. VIRGIN ISLANDS**

TITLE ☐ DELETE

**NAME  
CUTLASS BLDG., WICKHAM'S CAY ROAD TOWN  
TORTOLA, BR. VIRGIN ISLANDS**

NAME ☐ DELETE

**NAME  
CUTLASS BLDG., WICKHAM'S CAY ROAD TOWN  
TORTOLA, BR. VIRGIN ISLANDS**

STREET ADDRESS ☐ DELETE

**STREET ADDRESS  
CUTLASS BLDG., WICKHAM'S CAY ROAD TOWN  
TORTOLA, BR. VIRGIN ISLANDS**

CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)