FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

FILED Feb 09 1998 8:00am Secretary of State

	MENT # G57118 MATION ENGINEERING GRO				H BERL BOOK BOOK BOOK OLD
Principal Place of Business Mailing Address					ir dibit định chou địch ingo
6567 S.W. 39TH TERRACE 6567 S.W. 39TH		6567 S.W. 39TH TERM	ACE	•	
MIAMI FL 33155 MIAMI FL 33155				2210-	
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	•
9 Principal C	lace of Business	2a. Mailing Address	·	08/29/1983 4. FEI Number	Annih d Con
· ·	lace of bosiness				Applied For Not Applicable
Suite, Apt.	# elc	Suite, Apl. #, etc.		59-2340325	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State	****	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	[25]	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9, Name and Address of Current			10. Name and Address of New Registered	Agent
65	LGADO, ENRIQUE 87 S.W. 39TH TERRACE AMI FL 33155		83	ress (P.O. Box Number is Not Acceptable)	
			84 City	FL	85 Zip Code
SIGNATURE	Signature, lyped or project cause of registered ages	Laud title if applicable (N	OTE Registered Agent signature requi		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	PD Delgado, enrique	["] מנונונ	1.1 TITLE		The Custonian The With With 1900
NAME	6567 S.W. 39TH TERRACE		1.2 NAME		ł
STREET ADDRESS	MIAMI FL 33155		13 STREET ADDRESS		
CITY-ST-ZIP TITLE	SD SD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	DELGADO, MARJORIE C.	<u> </u>	2.2 NAME		
STREET ADDRESS	6567 S.W. 39TH TERRACE		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		2. 4 CITY-ST-ZIP		İ
TITLE	****** *** ***************************	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		l
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ſ
CITY-ST-ZIP	; 	- w	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		·
CITY-ST-ZIP		·	5.4 CITY~\$T~ZIP		[] (i) [] [] (ii) []
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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

SIGNATURE:

tellecul

1/28/98 512-461-8081