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

PROFIT **CORPORATION ANNUAL REPORT**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # J71488 J.G. CAJIAO ENGINEERING CORPO	•			<u> </u>	i 216il (201
Principal Place of Business Mailing Address					
% WALTER KULASH 834 TOWN CIRCLE MAITLAND FL 32751	% WALTER KULASH 834 TOWN CIRCLE MAITLAND FL 32751-836	00	Date Incorporated or Qualified	3a. Date of Last R	lonort
			05/04/1987	03/21/1996	eport
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		oplied For
21	26		59-2880477		ol Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
22 City & State	City & State		6. Election Campaign Financing		equired
23	28		Trust Fund Contribution		May Be to Fees
Zip Country	7ip	Country	8. This corporation has liability for		199.032,
24 25	[29]	30		Yes No	
9. Name and Address of Currer	it Registered Agent	81 Name 1.	10. Name and Address of New Ro		
KULASH, WALTER 834 TOWN CIRCLE			WHASH WALTER	<u> </u>	
834 TOWN CHULE MAITLAND FL 32751			ress (P.O. Box Number is Not Accepta O GAMSWELL A	DIE)	
		83			
		84 City		85 Zip	Code 7 X 1
44 Divergent to the previous of Continue COZ OFC	O and CO7 1500 Florida Plat	MA	ITLAND		
11. Pursuant to the provisions of Sections 607 050 office or registered agent, or both, in the State agent. I am familiar with any accept the golds	of Florida Such change was	authorized by the corporat	tion's board of directors. I hereby acce	pt the appointment as	registered
agent. I am ramiliariwity, any accept the doly	alions of, Section 607.0505, i	Florida Statutes.	A.	On \$ 21.10	97
SIGNATURE Signature typed or printed name of registery of eye	int and title if applicable (Ne	OTF: Registered Agent signature requir		DATE	<u> </u>
	D DIRECTORS DELETE	13,	ADDITIONS/CHANGES TO OFFI		
NAME CAJIAO, JUAN G.	בין הנוגונ	1.1 HTLE : 1.2 NAME		[_] Change	Addition
STREET ADDRESS 834 TOWN CIRCLE		1.3 STREET ADORESS			
CITY-ST-ZIP MAITLAND FL		1.4 CITY - ST - ZIP			
TITLE	☐ DELETE	2.1 TITLE		Change	Addition
NAME		22 NAME			
STREET ADDRESS		2.9 STREET ADDRESS			
CITY-SI-ZIP	DELETE	2. 4 C(1Y - ST - Z(P	<u> </u>	Change	Addition
TITLE NAME	□ peccit	3.1 TITLE 3.2 NAME		L Change	L) AUGILION
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		34. CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-S1-ZIP	DELETE	4.4 CITY+ST-ZIP	·····	PT AL	Thane.
TITLE	[] DETE IE	51 TITLE		☐ Change	Addition
NAME PROCET ANNOESE		5.2 NAME			
STREET ADDRESS CITY-ST-ZIP		5.3 STREET ADDRESS 5.4 City - St - Zip			
TITLE	DELETE	6.1 NILE		Change	Addition
NAME				- •	· ·
		6.2 NAME			

64 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 supplienental adhual 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 sortion of the report is reported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Charged, or on an attachment with an address.

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FILED

May 02 1997 8:00am

Secretary of State