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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris ---

Secretary of Stoke

C/O WALTER KULASIT

1999

DIVISION OF CORPORATIONS

## **DOCUMENT #**

Principal Place of Business

C/O WALTER KULASY

1. Corporation Name

J.G. CATIAO ENGINEERING CORPORATION

Mailing Address

FILED
May 10, 1999 8:00 am
Secretary of State
05 10 1000 0000 005 4444150 00

05-10-1999 90282 025 \*\*\*150.00

* 5	3 9 9 N 539907 - 90282 - 25	7	*	

720 CAMEWELL AVE	AUE 720 FAME WELL AVE -32751 MAITLAND, FL 32751		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  (3. 2. 1.96 %		
120 CAMEWELL AVE MAITLAND, PL 32757					
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59- 2880977	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>	• · · · · · · · · · · · · · · · · · ·	\$8.75 Additional	
22	27		5. Certifcate of Status Desired	Fee Required	
City_&_State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Zíp Country	Zip Country 8. This corporation owes the current year Intangible		. 5.7		
24 25 9. Name and Address of Curre	29 30	0	Personal Property Tax.  10. Name and Address of New Registered Age		
		81 Name	16. Hallio dila Alzarosa Insul Registro di Agrico		
WALKER KULASY		50 00 00 00	(D.O. Carabana in Nat Assessable)		
720 GAMEWEU/	tue	82 Street Addre	ress (P.O. Box Number is Not Acceptable)		
		83			
MAITLAND FL 3	0151	94 00		35 Zip Code	
		84 City	FL  °	35 Zip Code	
agent. I am familiar with, and accept the oblig  SIGNATURE  Signature, typed or printed name of registered ag	rations of, Section 607.0505, Florida	a Statutes.	on's board of directors. I hereby accept the appointment of the appoin	sin as regionous	
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12	
TITLE T)	, □ DELETE \	1.1 TITLE		Change Addition	
NAME CATION JUAN	G. (Continuing)	12 NAME			
STREET ADDRESS 120 CAMBWELL	₩ <u>~</u>	1.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP  CAJIPO, JUAN 120 GAMEWEU MAITLAND	22751	1.4 CITY-ST-ZIP		<del></del>	
TITLE	☐ DELETE	2.1 TITLE		Change Addition	
NAME	!	2.2 NAME			
STREET ADDRESS	ļ	2 3 STREET ADDRESS			
CITY-ST-ZIP		2 4 CITY-ST-ZIP		Change Addition	
TITLE	□ <u>DELETE</u>	31.TITLE		1 Change   Madadon	
NAME	ļ	3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change Addition	
NAME		4 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		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		54 CITY-ST-ZIP 6.1 TITLE		Change Addition	
TITLE	☐ DELETE	6.2 NAME	L	] Change   Addition	
NAME		6.2 NAME 6.3 STREET ADDRESS			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		0 4 OH 1 - 31 - 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, with all other like empowered.

SIGNATURE:

AND THE OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)