

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

0213221

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K16151

1. Corporation Name  
ENGINEERED MECHANICAL SERVICES, INC.

Principal Place of Business	Mailing Address	
6619 S DIXIE HWY STE 328 MIAMI FL 33143 US	8330 S.W. 81ST LANE MIAMI FL 33143	
2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	
City & State	City & State	
23	28	
Zip	Country	Zip
24	25	29
29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
DIAZ, JOSE A 8330 S.W. 81ST LANE MIAMI FL 33143		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85 Zip Code
FL				

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME		
		1.3 STREET ADDRESS		
		1.4 CITY-ST-ZIP		
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME		
		2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME		
		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME		
		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME		
		6.3 STREET ADDRESS		
		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, with all other like empowered.

SIGNATURE:

*DIAZ, JOSE ALBENNO DIAZ/2/1999 3052738413*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)