**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K19400

1. Corporation Name

EDUARDO ENSENAT SURVEYING INC.

								HIBNI BIDIH IDBI
Principal Place	e of Business	Mailing Address						
175 FOUNTAIN BLEAU BLVD 175 FOUNTAIN BLEAU BLVD								
SUITE 2A-2		SUITE 2A-2				DO NOT WRITE IN THE	IC CDACE	
MIAMI FL 33172		MIAMI FL 33172	MIAMI FL 33172		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
		N-25				03/23/1988 4 FEI Number		plied For
2. Principal Pl	lace of Business	2a. Mailing Address				"		<del> </del>
21			26			65-0059877		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired   \$8.75 Additional Fee Required		
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Cou	ntry	. <u>-</u> -	8. This corporation owes the current year I	ntangible	į
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registere	d Agent	
				81	Name			
ENSI	enat, eduardo M.			00	01	description (D.O. Boy Number in Net Assentable)		
700 E. 15TH PL			82 Stree		Street Add	dress (P.O. Box Number is Not Acceptable)		
	EAH FL 33010			83		,		
				84	City		. 85 Zip (	Code
					•	F	<b>L</b> ∤ (	
office or n agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Station familiar with, and accept the obliging familiar with a security to the control of the security o	te of Florida. Such change was a	uthorized	l by t	he corpora	rporation submits this statement for the purpose tion's board of directors. It hereby accept the app	ointment as re	gistered
SIGNATURE								
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	Registered	Agent	signature requi	ired when reinstating) DATE		
12.	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NOTE AND DIRECTORS	Registered	Agent	signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	
			<u> </u>		T	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	DRS IN 12
12.	OFFICERS /	AND DIRECTORS	13.	rle		ADDITIONS/CHANGES TO OFFICERS A		
12. TITLE NAME	OFFICERS A PD ENSENAT, EDUARDO M.	AND DIRECTORS	13. 1.1 TI 1.2 N/	TLE VME	E	ADDITIONS/CHANGES TO OFFICERS A Treasurer INSENAT EDUARDO A.		
12. TITLE NAME STREET ADDRESS	PD ENSENAT, EDUARDO M. 700 E. 15TH PL	AND DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST	TLE VME REET	ADDRESS 7	ADDITIONS/CHANGES TO OFFICERS / Treasurer INSENAT EDUARDO A. 00 East 15 P1		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENSENAT, EDUARDO M. 700 E. 15TH PL HIALEAH FL	AND DIRECTORS	13. 1.1 TU 12 NA 1.3 ST 1.4 CU	TLE ME REET	ADDRESS 7	ADDITIONS/CHANGES TO OFFICERS A Treasurer INSENAT EDUARDO A.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ENSENAT, EDUARDO M. 700 E. 15TH PL HIALEAH FL VD	AND DIRECTORS	13. 1.1 TI 12 N/4 1.3 ST 1.4 CI 2.1 TF	TLE ME TREET TY-ST	ADDRESS 7	ADDITIONS/CHANGES TO OFFICERS / Treasurer INSENAT EDUARDO A. 00 East 15 P1	☐ Change	<b>XX</b> Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ENSENAT, EDUARDO M. 700 E. 15TH PL HIALEAH FL VD ENSENAT, MARIA C.	AND DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TF 2.2 NA	TLE TREET TY-ST TLE TME	ADDRESS 7	ADDITIONS/CHANGES TO OFFICERS / Treasurer INSENAT EDUARDO A. 00 East 15 P1	☐ Change	<b>XX</b> Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENSENAT, EDUARDO M. 700 E. 15TH PL HIALEAH FL VD ENSENAT, MARIA C.	DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TF 2.2 NA 2.3 ST 2.4 C	TLE  REET  TY-ST  TLE  ME  TREET	ADDRESS 7	ADDITIONS/CHANGES TO OFFICERS / Treasurer INSENAT EDUARDO A. 00 East 15 P1	☐ Change	XXAddition  Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90169 033 \*\*\*150.00