

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L44737** (9)

1. Corporation Name

C2M ENGINEERING CORP.

FILED
Jan 25, 1996 08:00 AM
Secretary of State



Principal Place of Business

**1717 N. BAYSHORE DR.
STAE. 3448
MIAMI FL 33122
US**

Mailing Address

**4100 NE 2ND AVE
STE 320
MIAMI FL 33137
US**

3. Date Incorporated or Qualified
01/17/1990

3a. Date of Last Report
08/18/1995

2. Principal Place of Business

21. **Ste. 320**
4100 N. E. 2nd Ave.

22. **Miami, FL**

23. **33137**

2a. Mailing Address

26. **Ste. 320**
4100 N. E. 2nd Ave.

27. **Miami, FL**

28. **33137**

4. FEI Number

65-0503353

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FOUCARD, ALEXANDRA
4100 NE 2ND AVE.
STE. ~~220~~ 320
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

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 of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

1. NAME: **PO FOUCARD, ALEXANDRA** ☐ DELETE
2. STREET ADDRESS: **4100 NE 2ND AVE., STE. ~~302~~ 320**
3. CITY, ST, ZIP: **MIAMI FL**
1. NAME: **D SYLVAN JOLIBOIS** ☐ DELETE
2. STREET ADDRESS: **4100 N.E. 2nd AVE., STE. 320**
3. CITY, ST, ZIP: **MIAMI, FL**
1. NAME: **D MARC VILLAIN** ☐ DELETE
2. STREET ADDRESS: **4100 N. E. 2nd AVE., STE. 320**
3. CITY, ST, ZIP: **MIAMI, FL.**
1. NAME: **D RAQUEEB ALBAARI** ☐ DELETE
2. STREET ADDRESS: **4100 N.E. 2nd AVE., STE. 320**
3. CITY, ST, ZIP: **MIAMI, FL.**
1. NAME: **D RONALD M. COLAS, P.E.** ☐ DELETE
2. STREET ADDRESS: **4100 N.E. 2nd AVE., STE. 320**
3. CITY, ST, ZIP: **MIAMI, FL.**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE: ☐ Change ☐ Addition
2. 2. NAME:
3. 3. STREET ADDRESS:
4. 4. CITY, ST, ZIP:
1. 1. TITLE: ☐ Change ☐ Addition
2. 2. NAME:
3. 3. STREET ADDRESS:
4. 4. CITY, ST, ZIP:
1. 1. TITLE: ☐ Change ☐ Addition
2. 2. NAME:
3. 3. STREET ADDRESS:
4. 4. CITY, ST, ZIP:
1. 1. TITLE: ☐ Change ☐ Addition
2. 2. NAME:
3. 3. STREET ADDRESS:
4. 4. CITY, ST, ZIP:
1. 1. TITLE: ☐ Change ☐ Addition
2. 2. NAME:
3. 3. STREET ADDRESS:
4. 4. CITY, ST, ZIP:

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation. 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 in the attachment with an address.

SIGNATURE: **ALEXANDRA FOUCARD**

(Signature and Type or Printed Name of Signing Officer or Director)

1/22/96 **1325/5732240**
(Date) (Filing Fee)

CR2E034 (12/95)