

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90128 003 \*\*\*158.75

DOCUMENT # **L44737**

1. Corporation Name  
**PHS ENGINEERING CORP.**

Principal Place of Business

4100 NE 2ND AVE.  
320  
MIAMI FL 33137  
US

Mailing Address

4100 NE 2ND AVE  
STE 320  
MIAMI FL 33137  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1990

4. FEI Number

65-0503353

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

COLAS, RONALD M PE  
4100 NE 2ND AVE  
#300 Suite 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **FOUCARD, ALEXANDRA**  
STREET ADDRESS **4100 NE 2NS AVE STE 309**  
CITY-ST-ZIP **MIAMI FL**

TITLE **PDAS** ☐ DELETE

NAME **COLAS, RONALD P**  
STREET ADDRESS **4100 NE 2ND AVE., #320**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

NAME **ALBAARI, RAQUEEB A I A**  
STREET ADDRESS **4100 NE 2ND AVE., #307**  
CITY-ST-ZIP **MAIMI FL**

TITLE **D** ☒ DELETE

NAME **VILLAIN, MARC**  
STREET ADDRESS **4100 NE 2ND AVE., #320**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☒ DELETE

NAME **SICLAIT, ROBERT JEAN**  
STREET ADDRESS **4100 NE 2ND AVE STE 309**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE **P.D.S.** ☒ Change ☐ Addition

2.2 NAME **COLAS, RONALD, P.E.**  
2.3 STREET ADDRESS **4100 NE 2nd Ave, #320**  
2.4 CITY-ST-ZIP **MIAMI FL 33137**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **D.S.C.** ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **SICLAIT, ROBERT JEAN** ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**4100 NE 2nd Ave, Ste 320**  
**Miami, FL 33137**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-573-2240

CR2E034 (11/98)

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