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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L86624** **(8)**

1. Corporation Name
ENGINES CORP.

Principal Place of Business	Mailing Address
2295 NW 14TH ST. MIAMI FL 33125 US	2295 NW 146TH ST. MIAMI FL 33125 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/12/1990
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business
21 *8565 N.W. 29th Street*
22 Suite, Apt. #, etc.
23 City & State: *Miami, Florida*
24 Zip: *33122*
25 County: *USA*

2a. Mailing Address
26 *8565 N.W. 29th Street*
27 Suite, Apt. #, etc.
28 City & State: *Miami, Florida*
29 Zip: *33122*
30 County: *USA*

4. FEI Number: 65-0228846 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDSTEIN, STUART A.
444 BRICKELL AVE
SUITE 300
MIAMI FL 33131

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 _____ DATE
Signature, if typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	OSSA, ROBERTO	12 NAME	
STREET ADDRESS	AVENIDA DE LAS AMERICAS	13 STREET ADDRESS	AVENIDA DE LAS AMERICAS 39A-95
CITY-ST-ZIP	BOGOTA, COLOMBIA	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, CARLOS R.	22 NAME	
STREET ADDRESS	AVENIDA DE LAS AMERICAS	23 STREET ADDRESS	AVENIDA DE LAS AMERICAS 39A-95
CITY-ST-ZIP	BOGOTA, COLOMBIA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MANOTAS, JUAN P.	32 NAME	
STREET ADDRESS	AVENIDA DE LAS AMERICAS	33 STREET ADDRESS	AVENIDA DE LAS AMERICAS 39A-95
CITY-ST-ZIP	BOGOTA, COLOMBIA	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: *Roberto Ossa* ROBERTO OSSA APRIL 17/95 (305)477-0177
SIGNATURE OF TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0427324 FP