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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

1. Corporation	MENT #  N Name O ENGINEERS (	V109746 & Surveyors	(2) , INC.	l			1 1311 <b>310</b> 11 13101 1311 1311	
Principal Place of Business Mailing Address							4 <b>6</b> (  <b>2</b>  6   616   116   11	
147 ALHAMBRA CIRCLE SUITE 230 CORAL GABLES FL 33134			147 ALHAMBRA CIRCLE SUITE 230 CORAL GABLES FL 33134					
COURT CHOC	2012 00101		CONTR. GIDLES I E	<b>30</b> , 37		3. Date Incorporated or Qualified 01/08/1985	3a. Date of Last 03/15/1	
2. Principal Place of Business			2a. Mailing Addiress			4. FEI Number	03/13/1	Applied For
1			6			<b>59-2478958</b> Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional		
City & State			City & State			6. Election Campaign Financing		.00 May Be
23			8			Trust Fund Contribution Added to Fees		
Zφ	Coun	try	Zφ	Count	у	8. This corporation has liability for	-	s 199.032,
24	25 25 9. Name and Address of Current Re			30				
	y. Name and Add	ress of Current Reg	gisterea Agent	81	Name	10. Name and Address of New I	registered Agent	
ALONGO LAZADO D			L					
alonso, Lazaro d. 13992 lake george Ct.				82 Street Addr		ress (P.O. Box Number is Not Acceptal	ole)	
MIAMI LAKES FL 33014				83			<del></del>	
(MA 4M E	11.20 12 00011		•	9/	l City		Tes	Zip Code
			<b>84</b> City			FL  85	Zip C006	
or register familiar wit SIGNATURE	ed agent, or both, in the h, and accept the oble	ne State of Florida. St gations of, Section 60	ich change was autho 07.0505, Florida Statu	rized by the con	poration's boa	ration submits this statement for the punct of directors. I hereby accept the app	ointment as régister	red agent. I am
12.		OFFICERS AND DIR		I 13.	th 201 Mars seafe t	ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	PTD		☐ DELETE	1 1 THE	· · · · · · · · · · · · · · · · · · ·		Chang	je 🔲 Addition
NAME	ALONSO, LAZAI	70 D.		1.2 NAME				
STREET ADDRESS	13992 LAKE GE			13SIKER	1 ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FI	<u> </u>		14 C·TY-				
TITLE	VSD		DELETE	2 o Tille			Chang	je 🔲 Addition
NAMÉ	ALONSO, MAYR			2.2 NAME				
STREET ADDRESS	13992 LAKE GE				LADDRESS			
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NAME			- J 011111	3 2 NAME			₽ Svand	,- <u>[</u>
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP				3 4 CITY -				
TITLE			DELETE	4. 1 TI LE			Chang	ge 🔲 Addition
NAME				4.2 NAME				
STREET ADDRESS				43 STREE	T ADDRESS			
CHTY-ST-ZiP			p	4.4 CFTY -	ST-ZIP			
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NAME				5 2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			DELETE	5 4 CITY			Chang	ge Addition
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STREET ADDRESS					ET ADDRESS			
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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)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplicricated 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: \_\_

LA ZARO D. ALO HSO PROS IDENT

APRICOLISO 6

(305)444-7359

Daylime Ptione #