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

, PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # M54676

(5)

1, Corporation Name							
REGOSA	ENGINEERING INC.						
Principal Place of	f Business	Mailing Address				A Mitt Schiffe Mider Crave .	21511 \$1211 \$1211 vze.
1674 MERIDIAN		1674 MERIDIAN AV	1674 MERIDIAN AV				
201		201 Miami Beach Fl 33139					
MIAMI BEACH FL 33139		MIAMI BEAUT PL 33133			3. Date Incorporated or Qualified 06/29/1987	04/24/1995	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	1	Applied For
1		26		65-0041555 Not Appli		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Required	
2		27		6. Election Campaign Financing	S	5.00 May Be	
City & State		City & State		Trust Fund Contribution	1 1	Added to Fees	
Country		Zip Country		B. This corporation has liability fo	r intangible tax und	iers 199.032,	
Zip	Country	29	30		Florida Statutes Ye	es 🗌 No	
24	9. Name and Address of Curr		1		10. Name and Address of New	Registered Agen	<u>t                                    </u>
	3. Italia 2.14		81	Name			
CONEDO	, JUAN JOSE	:*	82	Street Addr	ress (P.O. Box Number is Not Accepta	able)	
	NOTH STREET						
MIAMI FL			83				
MICAM ) C	. 000 12		84	City		85	Zip Code
			-			FL	- the registered office
POLITATION	i, and accept the congestions of				oration submits this statement for the pard of directors. I hereby accept the ag	DATE	
	Signature, typed or printed name of registered as	AND DIRECTORS	13.		ADDITIONS/CHANGES TO O		
12.	P	DELETE	1. 1 TITLE			Ch	nange 🔲 Addition
TITLE NAME	GOMERO, JUAN JOSE		1.2 NAME				
STREET ADDRESS 1674 MERIDIAN AVE SUITE		E 201	1.3 STREET ADDRESS				
CITY-S1-ZIP	MIAMI BEACH FL		1.4 CITY - ST - ZIP				hange
TITLE	V	☐ DELETÉ	2. 1 TITLE			CI	range [ Hoomon
NAME	GOMERO, DRAGUISA		22 NAME	Ì			
STREET ADDRESS	1674 MERIDIAN AVE, SUIT	TE 201	2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL	_	2.4 CITY -				hange
TITLE		☐ DELETE	3 1 TIFLE	1		ں ں	
NAME			3.2 NAME				
STHEET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP		ra briere	3.4 CITY -				hange Addition
TITLE		☐ DELETE	4 1 TATLE			_	_
NAME			4.2 NAME				
STREET ADDRESS				ET ADDRESS			
CHIY-SI-ZIP		DELETE	5. 1 TITLE				Change Addition
1171.6			5.2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS			5.5 CITY				
CITY-ST-ZIP		DELETE		5, 2, .			Change Addition
TITLE		<b>.</b>	6.2 NAM				
NAME				ET ADDRESS			
STREET ADDRESS			0.4.007	01.50			
CHY-ST-ZIP	h and it that the internation supp	lied with this filing is voluntarily fur	nished and do	es not qualif	fy for the exemption stated in Section	119.07(3)(k), Florida	a Statutes. I further act as if made under

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)(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 certify 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: \_

SIGNATURE AND TUPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

04-23-96 305 5383595
Dayling Priors