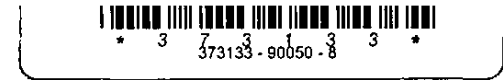


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90125 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000004516		
1. Corporation Name MAS TEC EMPLOYEES CHARITABLE FOUNDATION, INC.		



Principal Place of Business ATTN: SARAH ARAGON Tina Zagerman 3155 NORTHWEST 77TH AVE., SUITE 130 MIAMI FL 33122	Mailing Address ATTN: SARAH ARAGON Tina Zagerman 3155 NORTHWEST 77TH AVE., SUITE 130 MIAMI FL 33122
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MasTec Employee's Charitable Foun

2. Principal Place of Business 21 3155 N.W. 77 Ave Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip Country 24 33122 25 U.S.A.	2a. Mailing Address 26 3155 NW 77 Ave Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip Country 29 33122 30 U.S.A.	3. Date Incorporated or Qualified 08/06/1998 4. FEI Number 65-0861857 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent ST. JOHN, GREGORY 2601 SOUTH BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR Tina Zagerman 3155 N.W. 77 Ave. Miami, FL 33122	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D - CHAIRPERSON LEONARD MONSERRAT 3155 N.W. 77 AVE MIAMI FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maria Napoles 3155 N.W. 77 Ave Miami, FL 33122	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D - SECRETARY CAROLY MANGLIO 3155 NW 77 AVE MIAMI FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Maria Cabrera 3155 N.W. 77 Ave Miami, FL 33122	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D - TREASURER HECTOR VERGARA 3155 NW 77 AVE MIAMI FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Public Relations Leonard Monserrat 3155 N.W. 77 Ave Miami, FL 33122	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D - PUBLIC AFFAIRS KALPH HERNANDEZ 3155 NW 77 AVE MIAMI FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DELETED

14. I hereby certify that the information supplied with this filing 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 617, 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

2/19/99 (305) 406-1881

[Signature]
[Signature]

4/21/99 305-599-1800

CR2E037 (1/98)