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

P93000034067 (7) DOCUMENT #

1. Corporation Name

orporation reaction				
ACTION ENGINEEDING	Ω.	CONTRACTING	INC	

Principal Place of Business Mailing Address



8924 SW 1291 MIAMI FL	TH ST	8924 SW 129TH ST MIAMI FL			3. Date Incorporated or Qualified	3a. Date of Last Re	nort
					05/07/1993	05/01/199	
2. Principal Plac	ne of Business	2a. Mailing Address			4. FEI Number		pplied For
	ction Engineering	_ ~			65-0418550		lot Applicable
Suite, Apt.	1767 8 Dixie Hwy	Suite #318 700 ** 600			5. Certificate of Status Desired	7	Additional required
City & State	Miami FL 8 Tel / Fax (805) 8	3160 78-0568 City & State			Election Campaign Financing Trust Fund Contribution) May Be to Fees
Zip	Country	Zip	Cour	itry	8. This corporation has liability for		199.032,
24	25	29	30		, , , , , , , , , , , , , , , , , , , ,	No No	
	9. Name and Address of Co	urrent Registered Agent		04	10. Name and Address of New I	Registered Agent	
				81 Name			
8924 SW	ITIHON, DEM V 129TH ST		Į.	82 Street Add	ress (E.D. Box Number in Hel Accepted	Hwy #	318
MIAMI FI	L 331/6					(Codo
				84 City M	i A m i	FL 85 3	356
44.5	diamental Continue 607	0502 and 607 1509 Florida Statu	ites the above	/e-named como	ration submits this statement for the pured of dispetors. I hereby accept the appropriate	rnose of changing its ri	egistered office
or registers	ed agent, or both, in the State of	Florida, Such change was authori Section 607.0505, Florida Statute	izea by the c	orporation's boa	and of directors. I hereby accept the app	pointment as registered	agent. I am
SIGNATURE _	Signature, typed or printed name of registere	1 agent and title (Lagolicable (N	OTE: Registered	Agent signature require	ed when reinstating)	DATE	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
TITLE	D	☐ DELETE	1. 1 TI	TLE		Change	☐ Addition
NAME !	PANGATIHON, DEM		1.2 NA	ME			
STREET ADDRESS	8924 SW 129TH ST		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176		1.4 CI	TY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 %	TLE		Change	Addition
NAME	DEAN, PAUL		2 2 N	ME			
STREET ADDRESS	8924 SW 129TH ST		2 3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			TY-ST-ZIP		[] Change	☐ Addition
TITLE		☐ DELETÉ	3. 1 TI			☐ Criange	☐ Apolition
NAME			3.2 N	ľ			
STREET ADDRESS				TREET ADORESS			
CITY-ST-ZIP		CT BOLERO		TY-ST-ZIP		Char ge	Addition
TITLE		☐ DELETE	4.1T	1		[_] o go	
NAME			42 N				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		DELETE	5. 1 T	TY-ST-ZIP		☐ Charige	Addition
TITLE		[] pricit	5.1 N	1			
NAME				TREET ADDRESS			
STREET ADDRESS				ITY-ST-ZIP			
CITY-ST-ZIP		[] DELETE	6 1 T			Charige	☐ Addition
TITLE			6.2 N				
NAME			. I	TREET ADDRESS			
STREET ADDRESS				ITY-ST-ZIP			
CITY-ST-ZIP	and futbal too information cur	poliod with this filing is voluntarily for	unished and	does not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida Statu	tes. I further

I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I nurther 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 finade under oath; that I am an office or director of the opporation 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 19 if changed, are on an attachment with an address.

SIGNATURE: