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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P93000087917 (9)

LASZLO ENGINEERING CORPORATION

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1825 W 44TH PL #406 1825 W 44TH PL #406 HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/27/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 65-0468637 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 25 29 24 Name and Address of New Registered Agent Name and Address of Current Registered Agent Name FARKAS, LASZLO 1825 W 44 PL 82 Street Address (P.O. Box Number is Not Acceptable) S406 HIALEAH FL 33012 84 Zip Code City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition PD TITLE 1.1 TITLE 1.2 NAME FARKAS, LASZLO NAME 1825 W 44TH PL #406 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ___ Change Addition 2.1 TITLE TITLE FARKAS, MATILDE 2.2 NAME NAME 1825 W 44TH PL #406 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(301) 557-8833