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Jan 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000004330 (4)

1. Corporation Name  
ENGINEERING SYSTEMS TECHNOLOGY, INC.



Principal Place of Business  
20042 N.W. 63RD CT.  
MIAMI FL 33015

Mailing Address  
2400 WEST 84TH STREET  
HIALEAH FL 33016-5707  
US

3. Date Incorporated or Qualified: 01/04/1994  
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business  
21 2400 West 84 st  
Suite, Apt #, etc: #9  
City & State: Hialeah FL  
Zip: 33016 Country: 25

2a. Mailing Address  
26 2400 West 84 st  
Suite, Apt #, etc: #9  
City & State: Hialeah FL  
Zip: 33016 Country: 30

4. FEI Number: 65-0456858  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
BORJA, ENRIQUEA A.  
2400 W. 84TH STREET  
HIALEAH FL 33016

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BORJA, ENRIQUEA A	
STREET ADDRESS	20042 N.W. 63RD CT.	
CITY - ST - ZIP	MIAMI FL 33015	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BORJA, TANIA C	
STREET ADDRESS	20042 N.W. 63RD CT.	
CITY - ST - ZIP	MIAMI FL 33015	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BORJA, ENRIQUEE E	
STREET ADDRESS	20042 N.W. 63RD CT.	
CITY - ST - ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3451 S.W. 128 Ave.	
1.4 CITY - ST - ZIP	Miramar FL 33027	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	3451 S.W. 128 Ave	
2.4 CITY - ST - ZIP	Miramar FL 33027	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3451 S.W. 128 Ave.	
3.4 CITY - ST - ZIP	Miramar FL 33027	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: Borja ENRIQUEA A. BORJA 01/10/97 (205) 823-7444  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)