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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000028261 (3)

1. Corporation Name

ENGINEERING & CONSTRUCTION ENTERPRISES, INC.



Principal Place of Business

194 W. SUNRISE AVE.  
CORAL GABLES FL 33133

Mailing Address

194 W. SUNRISE AVE.  
CORAL GABLES FL 33133

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0486974

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIRGADO, NICOLAS R  
194 W. SUNRISE AVE.  
CORAL GABLES FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of Agent (Printed Name, Title, and Address) (Date)

Signature of Agent (Printed Name, Title, and Address) (Date)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
SIRGADO, NICOLAS R  
194 W. SUNRISE AVE.  
CORAL GABLES FL 33133

12 NAME  
13 STREET ADDRESS

1.1 CITY-STATE-ZIP ☐ DELETE

14 CITY-STATE-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

22 NAME  
23 STREET ADDRESS

NAME ☐ DELETE

24 CITY-STATE-ZIP

NAME ☐ DELETE

32 NAME  
33 STREET ADDRESS

NAME ☐ DELETE

34 CITY-STATE-ZIP

NAME ☐ DELETE

42 NAME  
43 STREET ADDRESS

NAME ☐ DELETE

44 CITY-STATE-ZIP

NAME ☐ DELETE

52 NAME  
53 STREET ADDRESS

NAME ☐ DELETE

54 CITY-STATE-ZIP

NAME ☐ DELETE

62 NAME  
63 STREET ADDRESS

NAME ☐ DELETE

64 CITY-STATE-ZIP

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

14. I do hereby certify that the information supplied in 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 oath, that I am an officer or director of the corporation, 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, as stated, or on an addition with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President. 2/15/96 (20) 201-4253  
Sandra B. Morthan  
Sandra B. Morthan

CR2E034 (12/95)