FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042203 (7)

1. Corporation Name

ENGECON, INC.

Principal Place of Business	Mailing Address
459 EAST 55TH STREET **HIALEAH FL 33013**	**459 EAST 55TH STREET** **HIALEAH FL 33013-1558**

3. Date Incorporated or Qualified **06/07/1994**	**3a.** Date of Last Report **03/11/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **65-0620702**	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☑	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
WAITE, ROBERT G **280 RACQUET CLUB RD. #203** **BLDG 112 EAST** **FT. LAUDERDALE FL 33326**	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 _____ 1/9/97 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PO** ☐ DELETE		1.1 TITLE **P,T,D**	☒ Change ☐ Addition
NAME **SARRION, LOURDES**		1.2 NAME **SARRION, LOURDES**	
STREET ADDRESS **459 E. 55 ST.**		1.3 STREET ADDRESS **459 E. 55 St.**	
CITY-ST-ZIP **HIALEAH FL**		1.4 CITY-ST-ZIP **Hialeah, FL. 33013**	
TITLE **VSTD** ☐ DELETE		2.1 TITLE **V,S,D**	☒ Change ☐ Addition
NAME **WAITE, ROBERT G.**		2.2 NAME **Waite, Robert G.**	
STREET ADDRESS **280 RACQUET CLUB ROAD #208 BLDG 112**		2.3 STREET ADDRESS **280 Racquet Club Rd #203 Bdg 112**	
CITY-ST-ZIP **FT. LAUDERDALE FL**		2.4 CITY-ST-ZIP **Ft. Laud, FL 33326**	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: _Lourdes Sarrion_ 1/9/97 (305) 688-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #